

FILED UNDER SEAL PURSUANT TO 31 U.S.C. § 3730(b)(2)

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

CLERK US DISTRICT COURT  
NORTHERN DIST. OF TX  
FILED

2018 JUL 30 PM 2:55

DEPUTY CLERK *MA*

UNITED STATES OF AMERICA and  
THE STATE OF TEXAS *ex rel.* Jeffrey Raymond,  
and JEFFREY RAYMOND, individually,

Plaintiffs,

v.

BRUCE E. WARDLAY, D.O., and  
BRUCE E. WARDLÉ, D.O., P.A.; d/b/a  
303 MEDICAL CLINIC,  
LAKE JUNE MEDICAL CLINIC,  
OAK CLIFF MEDICAL CLINIC,  
OAK CLIFF MEDICAL REHAB,  
OAK CLIFF MEDICAL TREATMENT CLINIC,  
O'CONNOR MEDICAL CLINIC,  
RED BIRD URGENT CARE CLINIC, P.A.,  
RIDGEWOOD MEDICAL CLINIC,  
SEAGOVILLE MEDICAL CLINIC,  
SOUTH SIDE MEDICAL CLINIC, and  
TERRELL MEDICAL CLINIC; and  
IBERIA MEDICAL CLINIC, P.A., d/b/a  
SOUTHSIDE MEDICAL CLINIC, and  
LAZUANDA GLEN,

Defendants.

DOCKET NO. \_\_\_\_\_

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PURSUANT TO  
31 U.S.C. § 3730(b)(2)

JURY TRIAL DEMANDED

SEALED

0-18CV1964-M

**COMPLAINT AND DEMAND FOR JURY TRIAL**

Plaintiff and *qui tam* Relator Jeffrey Raymond, by and through his undersigned counsel the JTB Law Group, LLC, and Dean, Omar & Branham, LLP, alleges of personal knowledge as to his own observations and actions, and on information and belief as to all else, as follows:

**I.**

**PRELIMINARY STATEMENT**

1. Relator Jeffrey Raymond brings this *qui tam* action on behalf of the United States of America under the False Claims Act, 31 U.S.C. §§ 3729 *et seq.*, to recover treble the damages

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sustained by, and civil penalties and restitution owed to, the United States as a result of a scheme of Defendants Bruce E. Wardlay, D.O.; Bruce E. Wardlé, D.O., P.A. (doing business under the various assumed names listed in the above caption); Iberia Medical Clinic, P.A., doing business as Southside Medical Clinic<sup>1</sup>; and LaZuanda Glen to commit fraud. Defendants have defrauded the United States by seeking and obtaining reimbursement from Medicare and Texas Medicaid for medically unnecessary services and treatments, for treatments and tests that were not performed as billed, and for tests that were not performed at all.

2. Relator also brings this action on behalf of the State of Texas under the Texas Medicaid Fraud Prevention Act (“TMFPA”), Tex. Hum. Res. Code § 36.001 *et seq.*, to recover treble the damages sustained by, and civil penalties and restitution owed to, Texas as a result of Defendants’ scheme to defraud Texas Medicaid in the same manner.

3. Specifically, Defendants have schemed:

- a. to bill for more extensive (and more *expensive*) lab work than was actually performed;
- b. to bill for lab work that was not performed at all;
- c. to perform, and then bill for, various tests and treatments without the consent of their patients; and
- d. to prescribe the injectable antibiotic Rocephin where not medically indicated, and to intentionally bill for a more potent solution than was actually administered.

4. As explained below, Defendants are putting their patients’ health at risk in order to pursue their own profits.

5. In order to effectuate their fraudulent scheme, Defendants knowingly (a) presented or caused to be presented false claims, and (b) made or caused to be made or used false records or

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<sup>1</sup> See **Exhibit A**, a true and correct copy of filings showing the assumed business names registered with the Texas Secretary of State for Defendant Bruce E. Wardlé, D.O., P.A., and the assumed business name registered for Defendant Iberia Medical Clinic, P.A. (both accessed at <http://www.sos.state.tx.us/corp/sosda/index.shtml> on March 11, 2018).

statements material to these false claims, causing the United States and Texas to pay reimbursements that should not have been paid.

6. Relator also brings claims on his own behalf under 31 U.S.C. § 3730(h) and Tex. Hum. Res. Code § 36.115 to recover for Defendants' retaliation against him for his lawful efforts to stop the violations alleged herein. Defendants ultimately terminated Relator after he questioned and protested Defendants' illegal practices.

7. This Complaint has been filed *in camera* and under seal pursuant to 31 U.S.C. § 3730(b)(2) and Tex. Hum. Res. Code § 36.102. It will not be served on Defendants unless and until the Court so orders. A copy of the Complaint, along with written disclosure of substantially all material evidence and information that Relator possesses, has been served contemporaneously herewith on the Attorney General of the United States and the United States Attorney for the Northern District of Texas, pursuant to 31 U.S.C. § 3730(b)(2) and Fed. R. Civ. P. 4(d), and on the Attorney General of Texas, pursuant to Tex. Hum. Res. Code § 36.102.

## **II.**

### **JURISDICTION AND VENUE**

8. This Court has subject matter jurisdiction pursuant to 28 U.S.C. § 1331, because this action is brought for violations of the federal False Claims Act, 31 U.S.C. § 3729 *et seq.*

9. The Court has personal jurisdiction over Defendants because Defendants (a) are residents of, and are licensed to transact and do transact business in, this District; and (b) have carried out their fraudulent scheme in this District.

10. Venue is proper in this District pursuant to 31 U.S.C. § 3732(a) and 28 U.S.C. § 1391 (b)(2), because Defendants can be found in, are licensed to do business in, and transact or have transacted business in this District, and events and omissions that give rise to these claims have occurred in this District. This District is the locus of the fraud.

11. The Complaint has been filed within the time period prescribed by 31 U.S.C. § 3731(b) and Tex. Hum. Res. Code §§ 36.104 and 36.115.

**III.**  
**NO PUBLIC DISCLOSURE;  
DIRECT AND INDEPENDENT KNOWLEDGE  
OF THE VIOLATIONS ALLEGED HEREIN**

12. There has been no public disclosure, relevant under 31 U.S.C. § 3730(e) or Tex. Hum. Res. Code § 36.113(b), of the allegations or transactions in this Complaint.

13. Relator makes the allegations in this Complaint based on his own knowledge, experience and observations.

14. Relator is the original source of the information on which the allegations herein are based, has direct and independent knowledge of such information, and has voluntarily disclosed such information to the United States and Texas before filing this action.

**IV.**  
**THE PARTIES**

**A. Plaintiff The United States**

15. Relator Jeffrey Raymond brings this action on behalf of the United States. At all times relevant to this Complaint, the United States, acting through the Centers for Medicare & Medicaid Services (“CMS”), has reimbursed Defendants for the medical services and tests they provided (or purported to provide) to eligible individuals through the Medicare and Texas Medicaid programs.<sup>2</sup> Thus, the United States brings this action on behalf of its agency CMS and on behalf of Medicare and Texas Medicaid.

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<sup>2</sup> Because Medicaid is jointly funded by both federal and state governments, the United States has a cause of action under the federal False Claims Act for false claims made to state Medicaid programs. *See, e.g., Hays v. Hoffman*, 325 F.3d 982, 988 (8th Cir. 2003) (“When Congress amended the FCA in 1986, it defined ‘claim’ to include requests for money made to grantees of the federal government. The legislative history explained this was done to clarify that false claims for FCA purposes include claims submitted to state agencies under the Medicaid program and other State,

**B. Plaintiff The State of Texas**

16. Relator Jeffrey Raymond also brings this action on behalf of the State of Texas. At all times relevant to this Complaint, Texas, acting through the Texas Health and Human Services Commission (the “THHSC”), has reimbursed Defendants for the medical services and tests they provided (or purported to provide) to eligible individuals through the Texas Medicaid program. Thus, Texas brings this action on behalf of its agency, THHSC, and on behalf of the Texas Medicaid program.

**C. Relator Jeffrey Raymond**

17. Relator Raymond also brings this action on his own behalf.

18. Relator is a citizen of the United States and, at all relevant times, has been a resident of Johnson County, Texas.

19. Relator is an honorably discharged veteran of three branches of the armed services: the United States Navy, the United States Coast Guard, and the United States Air Force. He is a Physician Assistant (“P.A.”), licensed to practice in the State of Texas. He worked as a P.A. for Defendants for almost twenty years before being terminated.

**D. Defendants**

20. Defendant Bruce E. Wardlay is a Doctor of Osteopathy, licensed to practice in the State of Texas. On information and belief, he is a citizen of the United States and at all relevant times has been a resident of Hood County, Texas.

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local, or private programs funded in part by the United States where there is significant Federal regulation and involvement.”) (internal citation and quotation marks omitted; citing S. Rep. No. 99-345 at 22, 1986 U.S.C.C.A.N. at 5287); *Kane ex rel. United States v. Healthfirst, Inc.*, 120 F. Supp. 3d 370, 396 (S.D.N.Y. 2015) (“Congress has repeatedly and specifically provided that claims submitted to Medicaid constitute false claims for the purposes of the FCA.”) (citing, *inter alia*, S. Rep. No. 111-10, at 11, 2009 U.S.C.C.A.N. at 438, explaining that the 2009 Fraud Enforcement and Recovery Act clarified that “the FCA reaches all false claims submitted to State administered Medicaid programs.”).

21. The National Provider Identifier (“NPI”)<sup>3</sup> 1881810794 is associated with Wardlay.

22. Wardlay is the only director or officer of, and the registered agent for, both Defendant Bruce E. Wardlé, D.O., P.A. and Defendant Iberia Medical Clinic, P.A. *See Exhibit B*, true and correct copies of the most recent Annual Statements of these two Defendants. On information and belief, he is the sole owner of these two entities.

23. Defendant Bruce E. Wardlé, D.O., P.A., is a domestic professional association with a registered office address of 1401 W. Jefferson Blvd., Dallas, Texas 75208; is associated with the NPI 1386765162; and operates under the following assumed business names, at the following addresses and with the following NPIs:

- a. 303 Medical Clinic, 710 E. Pioneer Parkway Spur 303, Grand Prairie, Texas 75051, NPI 1437270220;
- b. Lake June Medical Clinic, 7716 Lake June Rd., Dallas, Texas 75217, NPI 1598886822;
- c. Oak Cliff Medical Clinic (a/k/a Oak Cliff Medical Rehab and Oak Cliff Medical Treatment Clinic), 1401 W. Jefferson Boulevard, Dallas, Texas 75208 (NPI not known);
- d. O’Connor Medical Clinic (a/k/a O’Connor Medical Center, P.A.), 620 N. O’Connor Rd, Irving, Texas 75061, NPI 1174644496;
- e. Red Bird Urgent Care Clinic, P.A. (a/k/a Red Bird Pain Management Clinic), 4323 South Hampton, Dallas, Texas 75232, NPIs 1598886756 and 1922494293;
- f. Ridgewood Medical Clinic (a/k/a Kingsley Medical Clinic, P.A.), 219 W. Kingsley, Suite 336, Garland, Texas 75041, NPIs 1659549004 and 1497876288;
- g. Seagoville Medical Clinic (a/k/a MIAP, P.C.), 116 Hall Rd., Seagoville, Texas 75159, NPI 1700990173;

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<sup>3</sup> The NPI system “was adopted and became effective May 23, 2007 as the standard unique health identifier for health care providers . . . . An entity who meets the definition of a ‘health care provider’ – that is, any provider of medical or other health services, and any other person or organization that furnishes, bills, or is paid for health care in the normal course of business – is eligible to receive a provider ID, or NPI.” CMS.gov Unique Identifiers FAQs, *available at* <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Unique-Identifier/UniqueIdentifiersFAQs.html> (last accessed July 11, 2018).

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- h. South Side Medical Clinic (a/k/a Southside Medical Clinic), 544 W. Seminary Dr., Fort Worth, Texas 76115, NPI 1043331812; and
- i. Terrell Medical Clinic, 209 N. Rockwall Ave., Terrell, Texas 75160 (NPI not known).

24. Defendant Iberia Medical Clinic, P.A., is a domestic professional association with a registered address of 544 W. Seminary Dr., Fort Worth, Texas 76115. Iberia Medical Clinic, P.A. operates under the assumed business name of Southside Medical Clinic.

25. At all relevant times, Defendant Wardlay has also owned and operated a laboratory facility, located at 520 W. Seminary Dr., Fort Worth, Texas 76115 (the “Central Lab”).

26. The Defendant Clinics all bill through a central billing office, located in a building adjacent to the South Side Clinic.

27. Defendant LaZuanda Glen is the daughter of Defendant Wardlay. She is listed as the Administrator of Red Bird Urgent Care Clinic in the online Registry of the National Plan & Provider Enumeration System,<sup>4</sup> but she functions as the Administrator for all of the Clinics, and in that position has responsibility for billing and the submission of claims to Medicare and Texas Medicaid on behalf of all Defendants.

**V.**

**THE STATUTORY FRAMEWORK**

**A. The Medicare Program**

28. In 1965, Congress enacted Title XVIII of the Social Security Act, known as the Medicare program, to pay for certain healthcare services provided to certain segments of the population. Entitlement to Medicare is based on age, disability, or affliction with end-stage renal disease. *See* 42 U.S.C. §§ 1395 *et seq.*

29. CMS administers the Medicare program.

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<sup>4</sup> *See* <https://npiregistry.cms.hhs.gov/registry/provider-view/1922494293> (last accessed July 11, 2018).

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30. Part B of the Medicare program authorizes payment of federal funds for outpatient medical and other health services, including the services at issue here – under the proper circumstances. *See generally* Medicare Benefit Policy Manual (2012), Chapter 15.<sup>5</sup>

31. Medicare Part B is funded by insurance premiums paid by enrolled Medicare beneficiaries and contributions from the federal treasury. Eligible individuals who are age 65 or older, or disabled, may enroll in Part B to obtain benefits in return for payments of monthly premiums. 42 U.S.C. §§ 1395j, 1395o, 1395r.

32. 42 U.S.C. 1395y(a)(1)(A) provides that “no payment may be made” under Part B “for any expenses incurred for items or services which ... are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

33. CMS enters into agreements with healthcare providers such as Defendants to establish their eligibility to participate in the Medicare program. Individuals or entities who are participating providers in Medicare, such as Defendants, may seek reimbursement from CMS for services rendered to patients who are program beneficiaries.

34. During all times relevant herein, to become an authorized participant in Part B of the program, a provider has been required to certify as follows:

I agree to abide by the Medicare laws, regulations and program instructions that apply to this supplier. ... I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions ..., and on the supplier’s compliance with all applicable conditions of participation in Medicare.

CMS Form-855B (07/11), at 31.

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<sup>5</sup> Available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf> (last accessed July 11, 2018).

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35. To assist in the administration of the Medicare program, CMS contracts with Medicare Administrative Contractors or “MACs.”<sup>6</sup> See 42 U.S.C. § 1395kk-1.

36. In order to receive reimbursement from Medicare, providers such as Defendants must submit a claim to the MAC serving their jurisdiction. Claims may be submitted on paper or electronically.

37. To submit a claim on paper, a provider must use Form CMS-1500.<sup>7</sup> That form requires the provider to make the following certification:

In submitting this claim for payment from federal funds, I certify that: 1) the information on this form is true, accurate and complete; ... 4) this claim ... complies with all applicable Medicare and/or Medicaid laws, regulations, and program instructions for payment ... [and] 5) the services on this form were medically necessary ....

*Id.*, at 2 (emphasis added).

38. A provider may also submit claims electronically. CMS guidance as to electronic claims submission is found in Chapter 24 of the Medicare Claims Processing Manual, CMS Publication No. 100-04 (the “Claims Manual”). Among other things, the guidance specifies the minimum content of the enrollment form that a MAC may use to sign up providers such as Defendants to submit claims electronically. Per the Claims Manual, such an enrollment form must contain, and the enrolling provider must acknowledge, at least the following statements:

The provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS’ A/B MACs or CEDI:

\* \* \*

7. That it will submit claims that are accurate, complete, and truthful;

\* \* \*

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<sup>6</sup> A MAC is a private company awarded a contract by HHS to process claims on behalf of Medicare beneficiaries within a certain geographical area. See 42 U.S.C. § 1395kk-1. A map of the MAC jurisdictions is available at <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/AB-MAC-Jurisdiction-Map-Oct-2017.pdf> (last accessed July 11, 2018). At all relevant times, the MAC for the jurisdiction that encompasses Texas has been Novitas Solutions, Inc.

<sup>7</sup> Available at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1500.pdf> (last accessed July 11, 2018).

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12. That it will acknowledge that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the Medicare program, and that anyone who misrepresents or falsified or causes to be misrepresented or falsified any record or other information relating to that claim that is required pursuant to this agreement may, upon conviction, be subject to a fine and/or imprisonment under applicable Federal law; [and]

\* \* \*

14. That it will research and correct claim discrepancies[.]

Claims Processing Manual, Chapter 24 § 30.2.<sup>8</sup>

39. The requirement that providers be truthful in submitting claims to Medicare is a precondition for participation as a Medicare provider. *See, e.g.*, 42 C.F.R. §§ 1003.105, 1003.102(a)(1)-(2). Thus, such truthfulness is material to the government's decision to pay and its subsequent payment of claims. In order to be reimbursable by Medicare, services must be medically necessary, must actually be provided, and must be documented in a manner that allows CMS to determine if the services are properly payable.

40. At all times relevant herein, Defendants have been enrolled Medicare providers. Defendants are eligible to receive reimbursement from CMS for care they provide to patients who are insured through Medicare.

**B. The Texas Medicaid Program**

41. In conjunction with Medicare, Congress enacted Medicaid under Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 *et seq.*

42. Medicaid is jointly funded by the federal and state governments to provide health care to certain groups, primarily the poor and the disabled. *See* 42 C.F.R. §§ 430.0 *et seq.*

43. Outpatient care such as Defendants provide is one of the health benefits funded by Medicaid.

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<sup>8</sup> Available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf> (last accessed July 11, 2018).

44. Under the Medicaid program, the federal government pays a specified percentage of each state's Medicaid program expenditures, known as the Federal Medical Assistance Percentage. *See* 42 U.S.C. § 1396d(b).

45. At all times relevant to this Complaint, the United States has paid the State of Texas its Federal Medical Assistance Percentage, and the State itself has funded the remainder of its Medicaid expenditures.

46. The Texas Medicaid program is administered by the Texas Health and Human Services Commission (the "THHSC").

47. In order to enroll as a Medicaid provider, a healthcare entity must agree to abide by the rules, regulations, policies and procedures governing reimbursement, and to keep and allow access to records and information required by Medicaid. In order to receive Medicaid funds, enrolled providers in Texas, together with authorized agents, employees, and contractors, are required to abide by all the provisions of the Social Security Act, the regulations promulgated under the Act, and all policies and procedures applicable to Texas Medicaid.

48. At all times relevant herein, all Defendants except LaZuanda Glen have been enrolled Texas Medicaid providers. Defendants are eligible to receive reimbursement for outpatient care they provide to patients who are insured through Texas Medicaid.

49. Texas has adopted the use of Form CMS-1500 for its Medicaid program. *See* Texas Medicaid Provider Procedures Manual, Vol. 1 § 6.5.<sup>9</sup> In order to receive reimbursement from the THHSC, providers such as Defendants must submit the CMS-1500 claim form or its electronic equivalent.

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<sup>9</sup> Available at [http://www.tmhp.com/Manuals\\_PDF/TMPPM/TMPPM\\_Living\\_Manual\\_History/2016/08-Aug/Vol1\\_06\\_Claims\\_Filing.pdf](http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_History/2016/08-Aug/Vol1_06_Claims_Filing.pdf) (last accessed July 11, 2018).

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**C. The False Claims Act**

50. The False Claims Act, 31 U.S.C. §§ 3729 *et seq.* (the “FCA”), reflects Congress’s objective to “enhance the Government’s ability to recover losses as a result of fraud against the Government.” S. Rep. No. 99-345, at 1 (1986). As relevant here, the FCA establishes treble damages liability for an individual or entity that:

- a. “knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval,” 31 U.S.C. § 3729(a)(1)(A); or
- b. “knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim,” *id.* § 3729(a)(1)(B).

51. “Knowing,” within the meaning of the FCA, is defined to include reckless disregard and deliberate indifference. 31 U.S.C. § 3729(b).

52. In addition to treble damages, the FCA also provides for assessment of a civil penalty for each violation or each false claim.<sup>10</sup>

53. The FCA also provides for payment of a percentage of the government’s recovery to a private individual who brings suit on behalf of the government (the “Relator”) under the FCA. *See* 31 U.S.C. § 3730(d).

54. The FCA also provides relief for an individual who is “discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against” in his employment in retaliation for his lawful acts to stop violations of the FCA. *See id.* § 3730(h)(1).

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<sup>10</sup> 31 U.S.C. § 3729(a)(1) provides a civil penalty of not less than \$5,000 and not more than \$10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. § 2461 note; Public Law 104-410). The Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, 28 U.S.C. § 2461 note, substituted a different statutory formula for calculating inflation adjustments on an annual basis. On January 29, 2018, the Department of Justice promulgated a Final Rule increasing the penalty for FCA violations occurring after November 2, 2015. For such penalties assessed after January 29, 2018, the minimum penalty is \$11,181 and the maximum is \$22,363. *See* 28 C.F.R. § 85.5; 83 F.R. 3945 (January 29, 2018).

**D. The Texas Medicaid Fraud Prevention Act**

55. The Texas Medicaid Fraud Prevention Act (“TMFPA”) is similar to the FCA but covers claims made to the THHSC, which administers the Texas Medicaid program. *See* Tex. Hum. Res. Code § 36.001 *et seq.*

56. The TMFPA establishes liability for any person who “knowingly makes or causes to be made a false statement or misrepresentation of a material fact to permit a person to receive a benefit or payment under the Medicaid program that is not authorized or that is greater than the benefit or payment that is authorized[.]” Tex. Hum. Res. Code § 36.002 (1).

57. “Knowing” within the meaning of the TMFPA is defined to include “conscious indifference to the truth or falsity of the information” and “reckless disregard of the truth or falsity of the information.” *See id.* § 36.0011.

58. For each violation of the TMFPA, Texas assesses a substantial civil penalty, plus treble the damages sustained by Medicaid. *See id.* § 36.052.<sup>11</sup>

59. The TMFPA also provides for payment of a percentage of Texas’s recovery to a private individual who brings suit on behalf of Texas (the “Relator”) under the TMFPA. *See id.* § 36.110.

60. Finally, the TMFPA provides relief for an individual who is “discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against” in his employment in retaliation for his lawful efforts to investigate or stop a violation of the TMFPA. *See id.* § 36.115.

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<sup>11</sup> The amount of the penalty is determined by whether the fraud “results in [presumably physical] injury to an elderly person, ... a person with a disability, ... or a person younger than 18 years of age.” § 36.052(a)

**VI.**  
**DEFENDANTS' FRAUDULENT ACTS**

61. Defendant Wardlay owns and operates the nine Defendant Clinics, all of which are in the Dallas-Fort Worth Metroplex. Wardlay also owns and operates the Central Lab.

62. Defendant Wardlay intentionally established the Clinics in areas where they would attract a minority (Black and Hispanic) patient population that is also poorer and less educated.

63. On more than one occasion, Wardlay indicated to Relator that he targets this population because they are less likely than other patients to question their treatment, to go to the authorities, or to otherwise "cause trouble."

64. A substantial portion of Defendants' patients are beneficiaries of Medicare or Texas Medicaid.

65. Each of the Clinics is permanently staffed by at least four individuals: a receptionist and three Medical Assistants. During Relator's tenure, each clinic was also staffed each day by a doctor, a P.A., or a Nurse Practitioner ("N.P."). These practitioners would rotate among the various Clinic locations. Wardlay himself would generally choose to staff one of the less-busy locations so as to have as much time as possible for administrative work.

66. For most of Relator's tenure, the medical staff consisted of Wardlay himself, two other doctors, and six N.P.s and P.A.s (including Relator). During Relator's tenure, each member of the medical staff worked a 13-hour shift each day. The P.A.s and N.P.s were not directly supervised by a doctor. Most of the time, the P.A. or N.P. on duty at a given Clinic would be the only person present with any sort of medical license.

67. Wardlay insisted that all of his employees refer to the P.A.s and N.P.s as "doctors," in order to impress (or at least placate) his less educated clientele.

68. Defendants systematically exploited their vulnerable patient population, and defrauded Medicare and Texas Medicaid, in at least the following ways.

**A. Defendants Billed For More Extensive Lab Work Than Was Actually Performed**

69. During Relator's tenure with Wardlay, Defendants routinely upcoded lab tests, billing for more extensive work than they actually did. For instance, Defendants typically performed automated urinalyses at the Central Lab, but billed for more expensive non-automated urinalyses; they typically performed complete blood counts ("CBCs") without differential, but billed for more expensive CBCs with differential; and they typically performed glucometer tests but billed for the more expensive centrifuged plasma test.

70. Defendants' shared electronic billing system upcoded these tests automatically, by design.

***Urinalyses***

71. Defendants typically perform automated (*i.e.*, machine-read) urinalyses without microscopy. Such a test should be billed using HCPCS<sup>12</sup> code 81003. However, Defendants' billing software automatically generates a bill using code 81002 (*non-automated urinalysis without microscopy*) for every urinalysis performed or ordered at any of the Clinics.

72. The 2017 Medicare reimbursement rate for code 81002 in Texas was \$3.50, and the rate for code 81001 was \$3.08 – a difference of \$0.42 per test.<sup>13</sup> The difference has been similar in other years.

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<sup>12</sup> CMS requires that providers use Healthcare Common Procedure Coding System ("HCPCS") codes on their invoices to identify the medical procedures for which reimbursement is sought. Level I HCPCS codes are identical to the more familiar Current Procedural Terminology ("CPT") codes. *See* American Medical Association CPT®/Medicare Payment Search, *available at* <https://apps.ama-assn.org/CptSearch/> (requires an account); *see also* 2017 Medicare CPT/HCPCS Codes, *available at* <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/CPT-HCPCS.html> (last accessed July 11, 2018).

<sup>13</sup> *See* Medicare Clinical Lab Fee Schedule, 2017, *available at* <https://www.cms.gov/apps/ama/license.asp?file=/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Downloads/17CLAB.zip> (information can be downloaded by accepting licensing agreement; last accessed July 11, 2018).

73. Together, Defendants submit several thousand fraudulent claims for these urinalyses to Medicare and Texas Medicaid each year.

74. As an example, the records of Patient John Doe 1, a patient at the Lake June Clinic and a Medicare beneficiary, show that Defendants billed for the more expensive test but actually had the less expensive test performed. **Exhibit C** at C-4 shows that Defendants billed Medicare for a non-automated urinalysis on January 27, 2016, using code 81002; however, page C-1 shows that an automated urinalysis was performed.

75. Similarly, the records of Patient Jane Doe 1, a patient at the 303 Clinic and a Medicare beneficiary, show that Defendants billed Medicare for a non-automated urinalysis on June 11, 2017, using code 81002 (**Exhibit D** at D-2); however, an automated urinalysis was performed (*id.*, at D-1).

76. Because of the Clinics' shared billing software, *every* urinalysis ordered or performed by Defendants was billed as non-automated, although very few if any of these urinalyses actually *were* non-automated.

### ***Complete Blood Counts***

77. Defendants' billing for CBCs is similarly fraudulent. Defendants perform (or order) CBCs *without* differential,<sup>14</sup> which should be billed using HCPCS code 82027; however, Defendants' billing software automatically generates bills for CBCs *with* differential, using code 85025.

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<sup>14</sup> The "differential" is a process for getting separate counts of the various *types* of white blood cells in a sample. It is typically performed to help determine the cause of abnormal results on a white blood cell count; to help diagnose and/or monitor an illness affecting the immune system, such as an infection or inflammatory condition, or cancers that affect the white blood cells, such as leukemia. It is not routinely required.

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78. The 2017 Medicare reimbursement rate for code 85025 (CBC with differential) in Texas was \$10.66, and the rate for code 85027 (CBC without differential) was \$8.87 – a difference of \$1.79 per test.<sup>15</sup> The difference has been similar in other years.

79. Together, Defendants submit several thousand fraudulent claims for these CBCs to Medicare and Texas Medicaid each year.

80. As an example, the records of Patient John Doe 2, a patient at the Lake June clinic and a Medicare beneficiary, show that Defendants billed for the more expensive test but actually had the less expensive test performed. **Exhibit E** at E-3, E-5 shows that Defendants billed Medicare on January 29, 2016, and April 26, 2017, for CBCs with differential, using code 85025<sup>16</sup>; however, pages E-1 and E-4 show that CBCs *without* differential were performed.

81. Similarly, the records of Patient Jane Doe 2, a patient at the Lake June Clinic and a Medicare beneficiary, attached hereto as **Exhibit F**, show that Defendants billed Medicare on August 16, 2012 and May 31, 2017 for CBCs with differential, using code 85025 (*id.* at F-2, F-6); however, pages F-1 and F-5 show that CBCs *without* differential were performed.

82. Because of the Clinics' shared billing software, *every* CBC ordered or performed by Defendants was billed as a CBC with differential, although very few if any CBCs with differential were actually ordered or performed.

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<sup>15</sup> See Medicare Clinical Lab Fee Schedule, 2017, *supra* n. 13.

<sup>16</sup> The code used for the test performed on Jan. 27, 2016, is 85205-59. The “-59” suffix is what is known as a “modifier.” “The 59 modifier is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances.” CMS “Modifier 59 Article,” available at <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/downloads/modifier59.pdf> (last accessed May 4, 2018). “Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.” *Id.* Here, there is no indication that such supporting documentation exists.

***Blood Glucose Tests***

83. Defendants' billing for blood glucose testing is similarly fraudulent. Defendants perform (or order) a glucometer test, which should be billed using HCPCS code 82962; however, Defendants' shared billing software automatically generates bills for centrifuged plasma glucose tests, using code 82947.

84. The 2017 Medicare reimbursement rate for code 82947 (centrifuged plasma) in Texas was \$5.39, and the rate for code 82962 (glucometer) was \$3.21 – a difference of \$2.18 per test.<sup>17</sup> The difference has been similar in other years.

85. Together, Defendants submit many hundreds, if not thousands, of fraudulent claims for glucose tests to Medicare and Texas Medicaid each year.

86. As an example, the records of Patient John Doe 2, a patient at the Lake June Clinic and a Medicare beneficiary, show that Defendants billed Medicare on January 29, 2016, for a centrifuged-plasma glucose test, using code 82947 (**Exhibit E** at E-3); however, page E-2 shows that a glucometer test was performed instead.

87. Similarly, the records of Patient John Doe 3, a patient at the Oak Cliff Clinic and a Medicare beneficiary, show that Defendants billed Medicare on May 31, 2017, for a centrifuged-plasma glucose test, using code 82947 (**Exhibit G** at G-3); however, page G-2 shows that a glucometer test was performed instead.

88. Because of the Clinics' shared billing software, *every* glucose test ordered or performed by Defendants was billed as a centrifuged-plasma glucose test, although very few if any such tests were actually ordered or performed.

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<sup>17</sup> See Medicare Clinical Lab Fee Schedule, 2017, *supra* n. 16.

**B. Defendants Billed For Tests That They Did Not Perform**

89. In addition to the upcoding described above, Defendants have also billed for procedures and tests that simply were not performed.

90. For instance, the records of Patient Jane Doe 3, a patient of the 303 Clinic and a Medicare beneficiary, show that a total of eighteen separate lab tests were billed to Medicare on June 1, 2017. **Exhibit H** at H-4.

91. Relator is informed that the patient actually refused all of these tests when she was seen, and none of them were performed.

92. Similarly, the records of Patient John Doe 4, a patient of the Ridgewood Clinic and a Medicare beneficiary, attached hereto as **Exhibit I**, show that five different lab tests were billed to Medicare on June 21, 2017. *Id.* at I-2.

93. Relator is informed that none of those lab tests were actually performed.

94. Relator is aware of other instances where Defendants have claimed reimbursement for lab work that was simply not performed.

**C. Defendants Performed And Billed For Procedures And Tests Without Obtaining Patient Consent**

95. During Relator's tenure, Wardlay had a standing order for his medical staff to bill for an annual physical whenever possible, using code V70.0 – that is, whenever the patient's insurance would reimburse for it<sup>18</sup> – *without informing the patient, and regardless of whether the patient wanted it or not.*

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<sup>18</sup> Private health insurances will typically pay for an annual physical. Medicare and Medicaid, on the other hand, will reimburse only for an Annual Wellness Visit, which is intended to be somewhat less extensive than a head-to-toe physical.

96. In fact, Wardlay specifically instructed that patients were *not* to be told that they (or their insurance) would be billed for an annual physical. And because the “exam” was so cursory, *see* ¶¶ 117-23, *infra*, patients usually had no idea what was happening.

97. Wardlay also instructed his medical staff to bill for extensive lab work in conjunction with these annual physicals. Since this lab work was done by Wardlay’s own Central Lab, the physicals were extremely profitable for Wardlay. The patients, meanwhile, because they had not been told otherwise, assumed that their blood was being drawn to diagnose their presenting complaints.

98. To incentivize his staff to bill for as many annual physicals (and as much related lab work) as possible, Wardlay paid medical staff members a \$20 bonus for each annual physical they billed.

99. It was therefore not uncommon for patients to find that their insurance carrier – or sometimes, they themselves – had been charged for a physical they had not even *consented to*, let alone requested, and which had been performed only cursorily at best. And in almost every instance, extensive lab work was also billed.

100. For instance, Patient John Doe 5 who was seen at the 303 Clinic on June 21, 2017, called afterwards to complain. According to notes later written up by a Wardlay employee,

He states: I got a cut no [*sic*] my hand. I went to my regular doctor who told me I needed a tetanus shot but he didn’t have the medicine in stock. He suggested I come to the 303 clinic because they usually do have the medicines in the clinic. .... When I told the first nurse what I needed and showed her my hand, I told her all I needed was the tetanus shot. She said ok, but she had to check with the doctor. She put me in another room, where I waited for my shot.

Another nurse later came in and asked if she could draw some blood. I told her all I needed was a tetanus shot. She said that she could not give me the tetanus shot unless I had the blood work the doctor needed to do to make sure I wouldn’t have a bad reaction to the shot. And if I was not going to follow the doctor’s orders, I should just leave and quit wasting her time. So I said ok.

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She took a lot of blood, 3 or 4 tubes of it. About a half hour later, a doctor came in, barely checked my hand and then left. *He was in the room less than 2 minutes.* I then waited another half hour before getting my tetanus shot.

The nurse gave me a piece of paper that she told me I had to sign. That paper is what made me mad. It said I requested an annual health screen, which I did not. I have a primary care doctor whom I use for that kind of stuff. And he did not do any kind of examination on my body as one should have for an “annual health screening.” I only came in for the tetanus shot.

Patient is extremely angry and feels the “annual health screening” should not have been billed. He should only have been billed for a tetanus shot. He also feels he should not have been treated and spoken to as he was by the “nurse.”

**Exhibit J** at J-1 (formatted for greater legibility; emphasis added); *see also id.* at J-4 (ordering “health checkup”; J-4 – J-5 (ordering lab work).

101. Because insurances, including Medicare and Texas Medicaid, will pay for only one annual physical per year, once a patient’s insurance pays a Wardlay Clinic the patient cannot obtain an annual (and actual) physical from her *preferred* physician except by paying for it out of pocket.

**D. Defendants Prescribed Rocephin Unnecessarily  
And Administered It Inappropriately  
So As To Maximize Their Billing To Medicare And Texas Medicaid**

102. Some of Defendants’ most egregious fraud involved the medication Rocephin, a brand name for ceftriaxone sodium, a third-generation, broad-spectrum cephalosporin antibiotic. Defendants prescribed this drug unnecessarily and administered it inappropriately, as described below. In addition to cheating Medicare and Texas Medicaid, this particular fraud also may have contributed to the rise of resistant bacteria, which is widely understood to be a public-health emergency.

***Wardlay instructed his staff to prescribe Rocephin unnecessarily***

103. Wardlay instructed his staff to order Rocephin for conditions for which it was not indicated. For instance, Relator recalls that Rocephin was once “prescribed” to a patient for an infestation of *head lice*, which is an entirely inappropriate use of this antibiotic.

104. The following are other specific examples of inappropriate Rocephin prescriptions:

- a. Patient John Doe 1, a patient at the Lake June Clinic and a Medicare beneficiary, was diagnosed on June 9, 2017, with “Mixed hyperlipidemia,” “Essential (primary) hypertension,” and “Slow transit constipation.” **Exhibit C** at C-4. None of these diagnoses would indicate infection or the need for an antibiotic. His records show that he was given injections of Rocephin. *Id.*
- b. Patient Jane Doe 1, a patient at the 303 Clinic and a Medicare beneficiary, was diagnosed on June 13, 2017, with “Low back pain,” “Dysuria,” and “Painful Micturation.” **Exhibit D** at D-2. Her records show that she was given injections of Rocephin,<sup>19</sup> *id.*, which is inappropriate treatment for these diagnoses without confirmation that an infection was present.
- c. The records of Patient Jane Doe 4, an eight-year-old girl, show that on November 22, 2016, she was diagnosed at the Red Bird Clinic with tinea corporis (a rash). She was given an intramuscular injection of Rocephin, *see Exhibit K* at K-4, a completely inappropriate treatment for such a diagnosis. She was also directed to return “in 1 day for repeat injection.” *Id.*
- d. The records of Patient Jane Doe 5, a 61-year old patient of the Southside Clinic, was diagnosed on August 23, 2017, with Benign Paroxysmal Positional Vertigo (BPPV), mixed hyperlipidemia, osteoarthritis, essential hypertension, and vitamin D deficiency. **Exhibit L** at L-5. She was given an intramuscular injection of Rocephin, *see id.*, a completely inappropriate treatment for such diagnoses.
- e. The records of Patient John Doe 6, a 43-year old patient of the Red Bird Clinic, was diagnosed on May 31, 2016, with contact dermatitis from poison ivy. **Exhibit M** at M-7. He was given an intramuscular injection of Rocephin, *see id.*, a completely inappropriate treatment.

105. Each patient who received a Rocephin injection at any of the Clinics was instructed to return the next day or shortly thereafter *for a second injection*. For instance, the records of Patient John Doe 7 show that he came to the Southside Clinic on May 14, 2017, for a “Follow Up Visit. Visit for Injections: \*Rocephin.” **Exhibit N** at N-1.<sup>20</sup> The records also show that his “HPI,” or History of Present Illness, was “Paresthesia” – numbness or a “pins and needles” feeling usually

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<sup>19</sup> The records indicate that Jane Doe 1 received “Rocephin 500 mg (250 X 2).” This is actually an artifact of Defendants’ billing system that was never explained to Relator. In reality, Jane Doe 3, like all of Defendants’ patients, received *one* injection that was billed as two at 250 mg/mL strength (*see infra*), and she was then instructed to come back the next day (or soon thereafter) for a *second* injection, for which Defendants *again* billed Medicare for “Rocephin 500 mg (250 X 2).” *See* ¶¶ 104.c. and 105.

<sup>20</sup> *See also* ¶ 104.c., *supra* (Jane Doe 4 directed to return “in 1 day for repeat injection.”).

caused by pressure on a nerve. Rocephin would never be an appropriate treatment for this diagnosis without confirmation that an infection was present.

106. In addition to being a needless expense, such unnecessary use of antibiotics contributes to the rise of resistant bacteria, which is widely understood to be a public-health emergency. *See, e.g.*, “Antibiotic/Antimicrobial Resistance,” Centers for Disease Control and Prevention website<sup>21</sup> (“Antibiotics and similar drugs, together called antimicrobial agents ... have been used so widely and for so long that the infectious organisms the antibiotics are designed to kill have adapted to them, making the drugs less effective.... Each year in the United States, at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die each year as a direct result of these infections.”).

107. On at least one occasion when Relator objected to Defendant Wardlay that he could not justify prescribing Rocephin for a patient whose diagnosis did not warrant it, Wardlay told Relator to “make something up” to justify the order.

***Wardlay instructed his staff to dilute Rocephin inappropriately, so as to stretch his supply and maximize his billing***

108. Rocephin is supplied by the manufacturer in powdered form, to which a provider must add either sterile saline or Lidocaine to form a liquid solution for administration by intramuscular injection.<sup>22</sup>

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<sup>21</sup> Available at <https://www.cdc.gov/drugresistance/> (last accessed July 11, 2018). *See also* van Duin and Paterson, “Multidrug Resistant Bacteria in the Community: Trends and Lessons Learned,” available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5314345/> (last accessed July 11, 2018) (“Multidrug resistant (MDR) bacteria are well-recognized to be one of the most important current public health problems. ... [T]he prevalence of specific MDR bacteria is closely linked to the use of broad spectrum antibiotics .... This increased use in turn leads to even higher rates of MDR bacteria, thus creating a vicious cycle.”).

<sup>22</sup> The medication can also be administered intravenously, but that was not done at the Clinics.

109. The manufacturer's package insert calls for the addition of 3.6 mL of diluent to a 1-gram bottle to make a solution with a concentration of 250 mg/mL.<sup>23</sup>

110. However, for years Wardlay instructed his Medical Assistants (who actually prepared the injections) to use 7.2 mL of Lidocaine per gram of Rocephin powder. This yields a solution of *approximately half* the recommended potency of 250 mg/mL.

111. At this dilution the medication may have had little or no therapeutic benefit whatsoever.

112. Nevertheless, Defendants would bill, including to Medicare and Texas Medicaid, for *two* injections that were supposedly at a concentration of 250 mg/mL, using HCPCS code J0696.<sup>24</sup> See, e.g., records of Patient John Doe 2, a patient at the Lake June clinic and a Medicare beneficiary, **Exhibit E** at E-3 ("Rocephin 500 mg (250 X 2)")<sup>25</sup>; records of Patient John Doe 3, a patient at the Oak Cliff Clinic and a Medicare beneficiary, **Exhibit G**, at G-3 (same); records of Patient Jane Doe 1, a patient at the 303 Medical Clinic and a Medicare beneficiary, **Exhibit D** at D-2 (same).

113. Each of these patients – like all of Wardlay's patients who received Rocephin injections – then came back for a *second* injection, which was also billed as two at a concentration of 250 mg/mL, using HCPCS code J0696. Thus, each patient receiving Rocephin was ultimately billed as having four injections at a concentration of 250 mg/mL.

114. In 2017 Medicare reimbursed \$0.70 per Rocephin injection as billed by Defendants.

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<sup>23</sup> See <http://labeling.pfizer.com/ShowLabeling.aspx?id=7377>, at eighteenth unnumbered page (last accessed July 11, 2018). The manufacturer supplies Rocephin in bottles containing 250 mg, 500 mg, 1 g, or 2 g of powder. The 1 g bottle is used here as an example.

<sup>24</sup> See, e.g., <https://www.rheumatology.org/Portals/0/Files/Medicare-Drug-Fee-Schedule-Table3-2017.pdf> (last accessed July 11, 2018).

<sup>25</sup> See n. 19, *supra*.

115. Together, Defendants submitted several thousand fraudulent claims for reimbursement from Medicare and Medicaid for these injections in 2017 and every other year during the relevant period.

116. In approximately February 2018, Wardlay visited each of his clinics personally and instructed his staff to dilute Rocephin according to the package insert.

**E. Defendant Wardlay Pressured His Medical Staff  
To Spend Inadequate Time With Patients**

117. Towards the end of his tenure, Relator was instructed by Wardlay to spend no more than two minutes with each patient. Relator does not know whether Wardlay also gave these instructions to other members of the medical staff.

118. Relator was specifically instructed by Wardlay on how to stay within the two-minute time limit: do a rapid exam, push on the abdomen, tap over the kidneys and get out of the room. When Relator asked Wardlay what he should do if the patient had a question, Wardlay said to make an excuse to leave the room (such as pretending to need to answer a phone call), and then go on to the next patient. Relator remembers Wardlay concluded this instruction by saying, "There you go, you just made twenty bucks," or words to that effect.

119. Wardlay strictly enforced this rule against Relator. On three separate occasions in 2017, on Wardlay's instructions, Relator was actually timed by a Medical Assistant while seeing the first patient of the day. On all three occasions Relator took longer than two minutes with the patient, whereupon Wardlay *closed that Clinic for the remainder of the day*.

- a. On one of these occasions, at Red Bird Clinic, Relator's patient was an 82 year old female with noninsulin-dependent diabetes mellitus, end stage renal disease, and stage III lung cancer, whom he had not seen before. As he was reviewing the patient's chart he got the signal from the M.A. that it was "time to move on." When Relator told the M.A. that he wasn't finished, the M.A. stepped out of the room. When Relator finished with the patient and exited the exam room he found that all the lights were out and all the staff was gone except the receptionist, who told him that Wardlay had instructed them to shut the Clinic down and send Relator home.

- b. On another occasion at the Southside Clinic, Relator exceeded his two-minute allotment just trying to communicate with an elderly patient who was very hard of hearing (Relator finally resorted to giving the patient a stethoscope and then speaking into the instrument's bell). Again, when Relator left the exam room all the lights were out and he was sent home, less than an hour into his 13-hour shift.
- c. On the last of these occasions, at Red Bird Clinic, Relator's first patient was an asthmatic with difficulty breathing and speaking, audible wheezing, and low oxygen. When Relator left the exam room after spending more than two minutes with the patient, the only other staff member still present was an M.A., who administered a breathing treatment to the patient. Once that treatment had been completed, the Clinic was closed for the day.

*See also Exhibit O.*

120. Whether bound by the same two-minute limit or not, Relator believes that all medical employees were under significant pressure to conclude their patient encounters as quickly as possible. Relator believes that this time pressure negatively impacted the quality of care provided at the Clinics, contributing, for instance, to misdiagnoses and *missed* diagnoses, sometimes with tragic results.

121. For instance, Relator is aware of a diabetic patient, already a single amputee, whose remaining leg had to be amputated after he was misdiagnosed at one of Wardlay's Clinics as having toenail fungus, where the toe was actually gangrenous.

122. Relator is aware of another patient who died after one of Wardlay's medical providers, possibly because of time pressure, misdiagnosed the patient's congestive heart failure.

123. In these and many other instances, the care provided by the Clinics was woefully substandard, in large part because of the severe time pressure Defendant Wardlay put on his medical staff.

## VII.

### RETALIATION AGAINST RELATOR

124. Over the years, Relator grew more and more uncomfortable with Defendant Wardlay's practices and their effect on patient care at the Clinics. Relator expressed his concerns

on multiple occasions, including concerns about the fraudulent acts detailed above, to Jennifer Williams, the Office Manager before Defendant Glen, and to Wardlay himself. Wardlay would usually respond by telling Relator to mind his own business. Wardlay also began gradually reducing Relator's work hours. Concerned about earning his living, Relator tried not to make waves.

125. In approximately April or May of 2016, Relator complained to Wardlay about how a particular patient had been stuck personally with a \$700 bill for an annual physical that he had not requested. Wardlay responded by firing Relator, only hiring him back after approximately three months.

126. Still, Relator tried his best to provide quality care, and to make sure that Wardlay – as the owner of the Clinics – was aware of occurrences that could endanger patients or otherwise lead to liability for Wardlay. For instance, when Relator would receive a patient chart that revealed an instance of the fraudulent conduct described herein or some other serious problem, Relator would take a photograph with his phone and send it to Defendant Wardlay, often accompanied by a short text pointing out the problem.

127. From approximately 2015 until the day he was terminated, Relator would send such photographs to Wardlay approximately two or three times per week, in an attempt to put a stop to these fraudulent – and sometimes dangerous – practices.

128. In approximately April or May of 2016, Relator's phone disappeared while he was on duty at one of the Clinics. That phone contained most of the texts and photographs that he had sent Wardlay over the previous two years. Relator was forced to obtain a new phone.

129. On or about June 10, 2017, Relator was on duty at the Lake June Clinic, where he saw an elderly patient for a follow-up. The patient had been seen a day earlier by one of the N.P.s,

who had sent her to the ER because of what appeared to be a black eye. While at the ER, the patient was diagnosed with congestive heart failure, atrial fibrillation, and hyperthyroidism, but the N.P. who had seen her at the Lake June Clinic had completely missed these diagnoses. Thinking that Wardlay would want to know about this serious lapse, Relator sent Wardlay a photograph of the chart and then called him. As Relator was explaining the situation, he was interrupted by Wardlay, who said he would have to let Relator go because he had become “too high maintenance,” or words to that effect.

130. Relator’s firing was in response to his having raised concerns about the fraudulent practices described herein, and was therefore in violation of both the FCA and the TMFPA.

131. On that same day, June 10, 2017, Relator’s laptop computer disappeared from the Lake June Clinic. Like the phone that had disappeared earlier, the computer had many of the photographs of charts that Relator had sent to Wardlay complaining about the fraud and other practices, as well as text and email messages to and from Wardlay.

**VIII.**  
**FIRST CLAIM FOR RELIEF**  
**FEDERAL FALSE CLAIMS ACT: PRESENTATION OF FALSE CLAIMS**

132. Relator repeats and re-alleges all preceding paragraphs of the Complaint inclusive, as if fully set forth herein.

133. Throughout the statutory period, Defendants presented claims to CMS for (a) Rocephin injections that were not medically necessary; (b) Rocephin injections that were not administered as billed; (c) urinalyses, complete blood counts, and glucose tests that were not provided as billed; (d) procedures and tests that had not been requested or consented to by the patient; and (e) various laboratory tests that were billed but not provided at all.

134. These claims were factually false, in that (a) the services for which reimbursement was claimed were not medically necessary, and/or (b) the claims did not accurately represent the services and treatments that were provided; and (c) the claims did not comply with all applicable Medicare and/or Medicaid laws, regulations, and program instructions for payment.

135. Moreover, for each claim Defendants certified that (a) the services were medically necessary; (b) the claims accurately and completely represented the services and treatments that had been provided; and (c) the claims complied with all applicable Medicare and/or Medicaid laws, regulations, and program instructions for payment.

136. Each such certification was false; therefore the claims were legally false.

137. Defendants knew these claims were factually and legally false, or they recklessly disregarded or were deliberately indifferent to the possibility that they might be false. Accordingly, Defendants knowingly presented false or fraudulent claims to CMS for payment in violation of 31 U.S.C. § 3729(a)(1)(A).

138. The submission by Defendants of these false claims caused the United States, through its agency CMS and that agency's Medicare and Medicaid programs, to pay out sums that it would not have paid if CMS had been made aware of the falsity of Defendants' claims and certifications.

139. Each false or fraudulent claim submitted to the United States is a separate violation of the FCA.

140. By reason of the false or fraudulent claims that Defendants knowingly presented, the United States has been damaged, and continues to be damaged, in a substantial amount to be proven at trial. Relator therefore respectfully requests an order awarding the United States treble

damages plus a civil monetary penalty for each violation, and awarding Relator the maximum award permitted under 31 U.S.C. § 3730(d).

**IX.**  
**SECOND CLAIM FOR RELIEF**  
**FEDERAL FALSE CLAIMS ACT: MAKING OR USING**  
**FALSE RECORD OR STATEMENT TO CAUSE FALSE CLAIM TO BE PAID**

141. Relator repeats and re-alleges all preceding paragraphs of the Complaint inclusive, as if fully set forth herein.

142. As described above, throughout the statutory period, Defendants (a) knowingly created medical records and claim forms using inaccurate HCPCS codes for Rocephin injections, urinalyses, complete blood counts, and glucose tests that they had provided or performed; (b) knowingly created medical records and claim forms indicating that laboratory work had been performed when it had not; (c) knowingly created medical records and claim forms for procedures and tests that had not been requested or consented to by the patient; and (d) knowingly created false certifications as to those claims.

143. Accordingly, Defendants knowingly used false records or statements material to false or fraudulent claims to CMS for payment, in violation of 31 U.S.C. § 3729(a)(1)(B).

144. The submission by Defendants of these false records or statements caused the United States, through its agency CMS and through that agency's Medicare and Medicaid programs, to pay out sums that it would not have paid if CMS had been made aware of the falsity of Defendants' records or statements.

145. Each use of a false record or statement material to a false or fraudulent claim to CMS for payment is a separate violation of the FCA.

146. By reason of the false or fraudulent records or statements that Defendants knowingly created, used, and submitted, the United States has been damaged, and continues to be

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damaged, in a substantial amount to be proven at trial. Relator therefore respectfully requests an order awarding the United States treble damages plus a civil monetary penalty for each violation, and awarding Relator the maximum award permitted under 31 U.S.C. § 3730(d).

**X.**  
**THIRD CLAIM FOR RELIEF**  
**TEXAS MEDICAID FALSE CLAIM ACT:**  
**PRESENTATION OF FALSE STATEMENTS**

147. Relator repeats and re-alleges all preceding paragraphs of the Complaint inclusive, as if fully set forth herein.

148. Throughout the statutory period, Defendants presented claims to the THHSC for for (a) Rocephin injections that were not medically necessary; (b) Rocephin injections that were not administered as billed; (c) urinalyses, complete blood counts, and glucose tests that were not provided as billed; (d) procedures and tests that had not been requested or consented to by the patient; and (e) various laboratory tests that were billed but not provided at all.

149. These claims were factually false, in that (a) the services for which reimbursement was claimed were not medically necessary, and/or (b) the claims did not accurately represent the services and treatments that were provided; and (c) the claims did not comply with all applicable Medicare and/or Medicaid laws, regulations, and program instructions for payment.

150. Moreover, for each claim Defendants certified that (a) the services were medically necessary; (b) the claims accurately and completely represented the services and treatments that had been provided; and (c) the claims complied with all applicable Medicare and/or Medicaid laws, regulations, and program instructions for payment.

151. Each such certification was false; therefore, the claims were legally false.

152. Defendants knew these claims were both factually and legally false, or they recklessly disregarded or were deliberately indifferent to the possibility that they might be false.

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153. Accordingly, Defendants knowingly presented false statements or misrepresentations of material fact to the THHSC so that they might receive payments under Texas Medicaid, in violation of Tex. Hum. Res. Code § 36.002(1).

154. The presentations of false statements by Defendants caused Texas, through its agency the THHSC, to pay out sums that it would not have paid if the THHSC had been made aware of the falsity of Defendants' claims and certifications.

155. Each presentation of a false statement to the THHSC is a separate violation of the TMFPA.

156. By reason of Defendants' knowing presentation of false statements, Texas has been damaged, and continues to be damaged, in a substantial amount to be proven at trial. Relator therefore respectfully requests an order awarding Texas treble damages plus a civil monetary penalty for each violation, and awarding Relator the maximum award permitted under Tex. Hum. Res. Code § 36.110.

**XI.**  
**FOURTH CLAIM FOR RELIEF**  
**FEDERAL FALSE CLAIMS ACT: RETALIATION**

157. Relator repeats and re-alleges all preceding paragraphs of the Complaint inclusive, as if fully set forth herein.

158. As set forth above, Relator complained about and sought to stop the fraudulent practices alleged herein.

159. In retaliation, Defendants terminated Relator's employment.

160. By reason of Defendants' retaliatory actions, prohibited by 31 U.S.C. § 3730(h), Relator has been damaged, and continues to be damaged, in an amount to be determined at trial.

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Relator respectfully requests an order awarding him double the amount of back pay actually owed, special damages, interest, and costs and reasonable attorneys' fees under § 3730(h)(2).

**XII.**

**FIFTH CLAIM FOR RELIEF**

**TEXAS MEDICAID FRAUD PREVENTION ACT: RETALIATION**

161. Relator repeats and re-alleges all preceding paragraphs of the Complaint inclusive, as if fully set forth herein.

162. As set forth above, Relator complained about and sought to stop the fraudulent practices alleged herein.

163. In retaliation, Defendants terminated Relator's employment.

164. By reason of Defendants' retaliatory actions, prohibited by Tex. Hum. Res. Code § 36.115(a), Relator has been damaged, and continues to be damaged, in an amount to be determined at trial. Relator respectfully requests an order awarding him double the amount of back pay actually owed, special damages, interest, and costs and reasonable attorneys' fees under Tex. Hum. Res. Code § 36.115(a).

**XIII.**

**PRAYER FOR RELIEF**

**WHEREFORE**, Relator respectfully requests that this Court enter judgment in his favor and that of the United States and Texas, and against Defendants, granting the following:

- A. On the First and Second Claims for Relief (violations of 31 U.S.C. §§ 3729(a)(1)(A) and 3729(a)(1)(B)), an award to the United States for treble its damages, in an amount to be determined at trial, plus the maximum civil penalty allowable for each act committed in violation of the FCA;
- B. On the First and Second Claims for Relief, an award to the United States for its costs pursuant to 31 U.S.C. § 3729(a)(3);
- C. On the First and Second Claims for Relief, an award to Relator in the maximum amount permitted under 31 U.S.C. § 3730(d);

**FILED UNDER SEAL PURSUANT TO 31 U.S.C. § 3730(b)(2)**

- D. On the Third Claim for Relief (violation of Tex. Hum. Res. Code §§ 36.002(1)), an award to Texas for treble its damages, in an amount to be determined at trial, plus the maximum civil penalty allowable for each act committed in violation of the TMFPA;
- E. On the Third Claim for Relief, an award to Texas for its costs, pursuant to Tex. Hum. Res. Code § 36.007.
- F. On the Third Claim for Relief, an award to Relator in the maximum amount permitted under Tex. Hum. Res. Code § 36.110.
- G. On the Fourth Claim for Relief (FCA Retaliation), an award to Relator of double his back pay, interest, special damages, and costs and reasonable attorneys' fees pursuant to 31 U.S.C. § 3730(h)(2).
- H. On the Fifth Claim for Relief (TMFPA Retaliation), an award to relator of double his back pay, interest, special damages, and costs and reasonable attorneys' fees pursuant to Tex. Hum. Res. Code § 36.115(a).
- I. And on all Claims for Relief,
  - 1. An award to Relator of the reasonable attorneys' fees, costs, and expenses he incurred in prosecuting this action;
  - 2. An award to the United States, Texas, and Relator for their costs of court;
  - 3. An award to the United States, Texas, and Relator for pre- and post-judgment interest at the rates permitted by law; and
- J. An award of such other and further relief as this Court may deem just and proper.

**XIV.**  
**DEMAND FOR TRIAL BY JURY**

Pursuant to Rule 38(b) of the Federal Rules of Civil Procedure, Relator demands trial by jury on all questions of fact raised by the Complaint.

**FILED UNDER SEAL PURSUANT TO 31 U.S.C. § 3730(b)(2)**

Dated: July 30, 2018

Respectfully submitted,

**JTB LAW GROUP, LLC**  
**Lead Counsel**

/s/ Patrick S. Almonroe

Patrick S. Almonroe

(*pro hac vice* application forthcoming)

Jason T. Brown

(*pro hac vice* application forthcoming)

155 2nd Street, Suite 4

Jersey City, NJ 07302

(877) 561-0000 (office)

(855) 582-5297 (fax)

*patalmonroe@jtblawgroup.com*

*jtb@jtblawgroup.com*

**DEAN, OMAR & BRANHAM, LLP**  
**Local Counsel**

/s/ Charles W. Branham III

Charles W. Branham III

Attorney-In-Charge

Texas Bar No. 24012323

Federal Bar No. 0198949

302 N. Market Street, Suite 300

Dallas, TX 75202

(214) 722-5990 (office)

(214) 722-5991 (fax)

*tbranham@dobllp.com*

*Attorneys for Relator Jeffrey Raymond*

**FILED UNDER SEAL PURSUANT TO 31 U.S.C. § 3730(b)(2)**

**CERTIFICATE OF SERVICE**

I hereby certify that on July 30, 2018, I caused a true copy of the Complaint in the matter captioned *United States of America and the State of Texas ex rel. Jeffrey Raymond v. Bruce E. Wardlaw, D.O., et al.* to be served upon the following, along with written disclosure of substantially all material evidence and information possessed by Relator:

**by hand delivery to:**

Erin Nealy Cox  
United States Attorney  
Northern District of Texas  
1100 Commerce Street, Third Floor  
Dallas, TX 75242-1699

**and by USPS Registered Mail, Return Receipt Requested, to:**

Ken Paxton,  
Attorney General of Texas  
Office of the Attorney General  
300 W. 15th Street  
Austin, TX 78701

*and*

Jeff Sessions,  
Attorney General of the United States  
Office of the Attorney General of the United States  
United States Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

/s/ Charles W. Branham III  
Charles W. Branham III

# EXHIBIT A



Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697  
(Form 503)

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 81333203 9/14/2011  
Document #: 388693140005  
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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**303 Medical Clinic**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:

**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

---

4. The period, not to exceed 10 years, during which the assumed name will be used is :

**09/14/2021**

---

5. The entity is a : **Professional Association**

---

6. The entity's principal office address in Texas is:

**1401 W. Jefferson, Dallas, TX, USA 75208**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

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Corporations Section  
P.O. Box 13697  
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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**Lake June Medical Clinic**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:

**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

4. The period, not to exceed 10 years, during which the assumed name will be used is :

**09/14/2021**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:

**1401 W. Jefferson, Dallas, Dallas, TX, USA 75208**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

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Corporations Section  
P.O. Box 13697  
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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**Oak Cliff Medical Clinic**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:

**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

4. The period, not to exceed 10 years, during which the assumed name will be used is : **10**  
**year(s)**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:

**1401 W. Jefferson, Dallas, TX, USA 75208**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

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Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697  
(Form 503)

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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**Oak Cliff Medical Rehab**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:  
**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

4. The period, not to exceed 10 years, during which the assumed name will be used is : **10**  
**year(s)**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:

**1401 W. Jefferson, Dallas, TX, USA 75208**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

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Corporations Section  
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Document #: 385942060004  
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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**Oak Cliff Medical Treatment Clinic**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:

**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

4. The period, not to exceed 10 years, during which the assumed name will be used is :

**08/25/2021**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:

**17853 CR 105A, Grandview, TX, USA 76050**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

**Name of the entity**

**By: Bruce E. Wardlay, President**

**Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity**

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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**O'Connor Medical Clinic**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:

**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

4. The period, not to exceed 10 years, during which the assumed name will be used is :

**09/14/2021**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:

**1401 W. Jefferson, Dallas, TX, USA 75208**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**Red Bird Urgent Care Clinic**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:  
**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

4. The period, not to exceed 10 years, during which the assumed name will be used is :  
**09/14/2021**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:  
**1401 W. Jefferson, Dallas, TX, USA 75208**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:  
**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

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Document #: 388693140003  
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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**Ridgewood Medical Clinic**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:  
**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

4. The period, not to exceed 10 years, during which the assumed name will be used is :  
**09/14/2021**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:  
**1401 W. Jefferson, Dallas, TX, USA 75208**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:  
**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

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Corporations Section  
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Austin, Texas 78711-3697  
(Form 503)

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Secretary of State of Texas  
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Document #: 424886500002  
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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**Seagoville Medical Clinic**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:

**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

4. The period, not to exceed 10 years, during which the assumed name will be used is : **10**  
**year(s)**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:

**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

FILING OFFICE COPY



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Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697  
(Form 503)

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 81333203 9/14/2011  
Document #: 388693140007  
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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**South Side Medical Clinic**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:

**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

4. The period, not to exceed 10 years, during which the assumed name will be used is :

**09/14/2021**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:

**1401 W. Jefferson, Dallas, TX, USA 75208**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

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Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
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Document #: 420880900002  
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**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**Terrell Medical Clinic**

---

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**BRUCE E. WARDLE', D.O., P.A.**

---

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:  
**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**

4. The period, not to exceed 10 years, during which the assumed name will be used is : **10**  
**year(s)**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:

**1401 W. Jefferson, Dallas, TX, USA 75208**

---

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

---

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

---

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**BRUCE E. WARDLE', D.O., P.A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

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Corporations Section  
P.O. Box 13697  
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(Form 503)

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Secretary of State of Texas  
Filing #: 800478685 8/25/2011  
Document #: 385942060008  
Image Generated Electronically  
for Web Filing

**ASSUMED NAME CERTIFICATE  
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

**Southside Medical Clinic**

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

**Iberia Medical Clinic, P. A.**

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:

**544 W. Seminary Dr., Fort Worth, TX, USA 76115**

4. The period, not to exceed 10 years, during which the assumed name will be used is :

**08/25/2021**

5. The entity is a : **Professional Association**

6. The entity's principal office address in Texas is:

**544 W. Seminary, Ft. Worth, TX, USA 76115**

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

**ALL COUNTIES**

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

**Iberia Medical Clinic, P. A.**

Name of the entity

By: **Bruce E. Wardlay, President**

Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

FILING OFFICE COPY

# **EXHIBIT B**



Office of the Secretary of State  
Reports Unit  
P.O. Box 12028  
Austin, Texas 78711-2028  
(Form 803)

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 81333203 08/26/2015  
Document #: 627342520002  
Image Generated Electronically  
for Web Filing

## ANNUAL STATEMENT - DOMESTIC PROFESSIONAL ASSOCIATION

File Number: **81333203**

Year: **2015**

1. The name of the professional association is: **BRUCE E. WARDLE', D.O., P.A.**
2. The name of the registered agent is: **Bruce E. Wardlay**
3. The registered office address, which is identical to the business office address of the registered agent in Texas, is:  
**1401 W. Jefferson Blvd., Dallas, TX, USA 75208**
4. Consent of Registered Agent
 

☐ A. A copy of the consent of registered agent is attached.

**OR**

☒ B. The consent of the registered agent is maintained by the entity.
5. The names and addresses of all members of the association are:

|   |
|---|
| Member 1: (Individual Name) <b>Bruce E. Wardlay</b>           |
| Address: <b>1401 W. Jefferson Blvd. Dallas, TX, USA 75208</b> |

6. The names and addresses of all directors or executive committee members of the association are:

|   |                        |
|---|------------------------|
| Director/Executive 1: (Individual Name) <b>Bruce E. Wardlay</b> | Title: <b>Director</b> |
| Address: <b>1401 W. Jefferson Blvd. Dallas, TX, USA 75208</b>   |                        |

7. The names, addresses, and titles of all officers of the association are:

|   |                              |
|---|------------------------------|
| Officer 1: (Individual Name) <b>Bruce E. Wardlay</b>          | Title: <b>President</b>      |
| Address: <b>1401 W. Jefferson Blvd. Dallas, TX, USA 75208</b> |                              |
| Officer 2: (Individual Name) <b>Bruce E Wardlay</b>           | Title: <b>Secretary</b>      |
| Address: <b>1401 W. Jefferson Blvd. Dallas, TX, USA 75208</b> |                              |
| Officer 3: (Individual Name) <b>Bruce Wardlay</b>             | Title: <b>Treasurer</b>      |
| Address: <b>1401 W. Jefferson Blvd. Dallas, TX, USA 75208</b> |                              |
| Officer 4: (Individual Name) <b>Bruce E Wardlay</b>           | Title: <b>Vice-President</b> |
| Address: <b>1401 W. Jefferson Blvd. Dallas, TX, USA 75208</b> |                              |

8. All members are licensed to perform the type of professional service for which the association is formed; or, in the case of a multi-practice professional association, that each member is licensed to perform professional services falling within the scope of practice of the practitioner.

**Execution:**

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: **August 26, 2015**

**Bruce E Wardlay**

Signature of authorized officer

**FILING OFFICE COPY**



Office of the Secretary of State  
Reports Unit  
P.O. Box 12028  
Austin, Texas 78711-2028  
(Form 803)

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 800478685 09/02/2015  
Document #: 628672190002  
Image Generated Electronically  
for Web Filing

## ANNUAL STATEMENT - DOMESTIC PROFESSIONAL ASSOCIATION

File Number: **800478685**

Year: **2015**

1. The name of the professional association is: **Iberia Medical Clinic, P. A.**
2. The name of the registered agent is: **Bruce E. Wardlay**
3. The registered office address, which is identical to the business office address of the registered agent in Texas, is:  
**544 W. Seminary Dr., Fort Worth, TX, USA 76115**

4. Consent of Registered Agent

☐ A. A copy of the consent of registered agent is attached.

OR

☒ B. The consent of the registered agent is maintained by the entity.

5. The names and addresses of all members of the association are:

|   |
|---|
| Member 1: (Individual Name) <b>Bruce E. Wardlay</b>           |
| Address: <b>544 W. Seminary Dr. Fort Worth, TX, USA 76115</b> |

6. The names and addresses of all directors or executive committee members of the association are:

|   |                        |
|---|------------------------|
| Director/Executive 1: (Individual Name) <b>Bruce E. Wardlay</b> | Title: <b>Director</b> |
| Address: <b>544 W. Seminary Dr. Fort Worth, TX, USA 76115</b>   |                        |

7. The names, addresses, and titles of all officers of the association are:

|   |                              |
|---|------------------------------|
| Officer 1: (Individual Name) <b>Bruce E. Wardlay</b>          | Title: <b>President</b>      |
| Address: <b>544 W. Seminary Dr. Fort Worth, TX, USA 76115</b> |                              |
| Officer 2: (Individual Name) <b>Bruce E. Wardlay</b>          | Title: <b>Secretary</b>      |
| Address: <b>544 W. Seminary Dr. Fort Worth, TX, USA 76115</b> |                              |
| Officer 3: (Individual Name) <b>Bruce E Wardlay</b>           | Title: <b>Treasurer</b>      |
| Address: <b>544 W. Seminary Dr. Ft. Worth, TX, USA 76115</b>  |                              |
| Officer 4: (Individual Name) <b>Bruce E Wardlay</b>           | Title: <b>Vice-President</b> |
| Address: <b>544 W. Seminary Dr. Ft. Worth, TX, USA 76115</b>  |                              |

8. All members are licensed to perform the type of professional service for which the association is formed; or, in the case of a multi-practice professional association, that each member is licensed to perform professional services falling within the scope of practice of the practitioner.

**Execution:**

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: **September 2, 2015**

**Bruce E Wardlay**

Signature of authorized officer

**FILING OFFICE COPY**

# **EXHIBIT C**

Siemens  
Clinitek Status®

Serial Number:

Patient Name:

Patient ID:

03171951

Multistix® 10 SG

Test date 06-02-2017

Time 11:46AM

Operator CR

Test number 0632

Color Yellow

Clarity Clear

GLU Negative

BIL Negative

KET Negative

SG  $\geq 1.030$

BLO Trace-Intact

pH 6.5

PRO Negative

URO 0.2 E.U./dL

NIT Negative

LEU Negative

DOB 1/15/51  
CR

John Doe 1

Automated  
UA

sg dip - non automatic

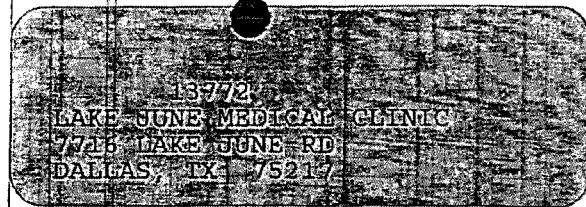
## CONTINUED REPORT

## CLINICAL PATHOLOGY LABORATORY

9200 Wall Street Austin, Texas 78754  
512-873-1600 1-800-633-4757Medicare Provider # CLO078  
CAP Accreditation # 21525-01  
CLIA # 45D0505003

John Doe 1

DOB: 1951



|              |                 |               |         |                        |                 |             |        |
|--------------|-----------------|---------------|---------|------------------------|-----------------|-------------|--------|
| PATIENT NAME | PATIENT ID.     | ROOM NUMBER   | AGE     | SEX                    | PHYSICIAN       |             |        |
|              |                 |               | 66      | M                      | BRUCE E WARDLAW |             |        |
| PAGE         | REQUISITION NO. | ACCESSION NO. | ID. NO. | COLLECTION DATE & TIME | LOG-IN-DATE     | REPORT DATE | & TIME |
| 2            |                 |               |         | 06/02/17 12:00P        | 06/03/17        | 06/03/17    | 7:28A  |

TESTS REQUESTED

, PT FASTING

| TEST  | RESULTS      |              | UNITS | EXPECTED RANGE |
|---|--------------|--------------|-------|----------------|
|   | OUT-OF-RANGE | WITHIN RANGE |       |                |
| ALKALINE PHOSPHATASE  |              | 73           | U/L   | 39-118         |
| GGT   |              | 19           | U/L   | <60            |
| AST   |              | 16           | U/L   | 9-50           |
| ALT   |              | 15           | U/L   | 5-50           |
| LDH   |              | 150          | U/L   | 135-225        |
| IRON, SERUM   |              | 142          | UG/DL | 59-158         |
| <p>UNLESS OTHERWISE INDICATED, ALL TESTING PERFORMED AT<br/>           CLINICAL PATHOLOGY LABORATORIES, INC. 9200 WALL ST AUSTIN, TX 78754<br/>           LABORATORY DIRECTOR: MARK A. SILBERMAN, M.D.<br/>           CLIA NUMBER 45D0505003 CAP ACCREDITATION NO. 21525-01</p> <p>*** FINAL REPORT ***</p> |              |              |       |                |

## CLINICAL PATHOLOGY LABORATORY

9200 Wall Street Austin, Texas 78754  
512-873-1600 1-800-633-4757Medicare Provider # CL0078  
CAP Accreditation # 21525-01  
CLIA # 45D0505003

John Doe I

DOB: /1951

13772  
LAKE JUNE MEDICAL CLINIC  
7716 LAKE JUNE RD  
DALLAS, TX 75217

|                 |                 |               |        |                        |             |
|-----------------|-----------------|---------------|--------|------------------------|-------------|
| PATIENT NAME    | PATIENT ID.     | ROOM NUMBER   | AGE    | SEX                    | PHYSICIAN   |
|                 |                 |               |        |                        |             |
| PAGE            | REQUISITION NO. | ACCESSION NO. | ID NO. | COLLECTION DATE & TIME | LOG-IN DATE |
|                 |                 |               |        |                        |             |
| TESTS REQUESTED |                 |               |        | REPORT DATE            | & TIME      |
|                 |                 |               |        | 06/03/17               | 7:28A       |

PT FASTING

| TEST  | RESULTS      |              | UNITS       | EXPECTED RANGE |
|---|--------------|--------------|-------------|----------------|
|   | OUT-OF-RANGE | WITHIN RANGE |             |                |
| THYROID II PROFILE (T3U, T4, T7, TSH)   |              |              |             |                |
| T3 UPTAKE   | 33.9         |              | %           | 24.3-39.0      |
| T4 (THYROXINE)  | 6.1          |              | UG/DL       | 4.5-12.0       |
| CALCULATED T7 (FTI)   | 2.07         |              | UIU/ML      | 1.50-3.80      |
| TSH   | 2.990        |              | NG/ML       | 0.400-4.100    |
| PSA, TOTAL  | 2.44         |              |             | <=4.00         |
| NOTE: NEW METHODOLOGY IS ROCHE COBAS ELECTROCHEMILUMINESCENT IMMUNOASSAY TRACEABLE TO WHO REFERENCE STANDARD 96/670. CORRELATION STUDIES DEMONSTRATE APPROXIMATELY 20% POSITIVE BIAS RELATIVE TO PRIOR SIEMENS CENTAUR METHODOLOGY. SPECIMEN IS RETAINED IN LABORATORY FOR 7 DAYS. FOR COMPARATIVE TESTING PLEASE CONTACT LABORATORY TO REASSESS WITH PRIOR METHOD. |              |              |             |                |
| RIDGEMC CHEMISTRY PROFILE   |              |              |             |                |
| GLUCOSE   | 96           |              | MG/DL       | 70-99          |
| BUN   | 18           |              | MG/DL       | 8-23           |
| CREATININE  | 0.97         |              | MG/DL       | 0.80-1.40      |
| egFR AFRICAN AMER.  | 94           |              | ML/MIN/1.73 | >60            |
| egFR NON-AFRICAN AMER.  | 81           |              | ML/MIN/1.73 | >60            |
| CALC BUN/CREAT  | 19           |              | RATIO       | 6-28           |
| URIC ACID   | 4.4          |              | MG/DL       | 3.4-7.0        |
| SODIUM  | 145          |              | MEQ/L       | 133-146        |
| POTASSIUM   | 4.2          |              | MEQ/L       | 3.5-5.4        |
| CHLORIDE  | 105          |              | MEQ/L       | 95-107         |
| CARBON DIOXIDE  | 27           |              | MEQ/L       | 19-31          |
| CALCIUM   | 8.7          |              | MG/DL       | 8.5-10.5       |
| PHOSPHORUS  | 2.9          |              | MG/DL       | 2.5-4.5        |
| CHOLESTEROL   | 191          |              | MG/DL       | <200           |
| TRIGLYCERIDES   | 116          |              | MG/DL       | <150           |
| HDL CHOLESTEROL   | 45           |              | MG/DL       | >39            |
| CALC LDL CHOL   | 4.24         |              | MG/DL       | <100           |
| RISK RATIO (CHOL/HDL)   | 6.3          |              | RATIO       | <4.97          |
| PROTEIN, TOTAL  | 4.2          |              | G/DL        | 6.1-8.3        |
| ALBUMIN   | 2.1          |              | G/DL        | 3.5-5.2        |
| CALC GLOBULIN   | 2.0          |              | G/DL        | 1.9-3.7        |
| CALC A/G RATIO  |              |              | RATIO       | 1.0-2.6        |
| BILIRUBIN, TOTAL  |              |              | MG/DL       | <=1.2          |

REPORT CONTINUED ON NEXT FORM

## Invoice

Print Date: 11/30/

LAKE JUNE MEDICAL dba  
7716 LAKE JUNE RD  
DALLAS, TX 75217

John Doe 1

Invoice Date: 6/9/2017 1:29:55 PM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: Ejiakonye, Charity I

TX 75

| Service Dates       | CPT Code | ICD Code | Description   | POS    | Unit Fee | Unit |
|---------------------|----------|----------|---|--------|----------|------|
|                     |          | E78.2    | Mixed hyperlipidemia                                  |        |          |      |
|                     |          | I10      | Essential (primary) hypertension                      |        |          |      |
|                     |          | K59.01   | Slow transit constipation                             |        |          |      |
| 06/02/17 - 06/02/17 | 99214-25 |          | Office/outpatient visit; established patient, level 4 | Office | \$129.17 | 1.00 |
| 06/02/17 - 06/02/17 | 85025    |          | Complete (CBC), automated (Hgb, Hct, RBC, WBC, and    | Office | \$30.00  | 1.00 |
| 06/02/17 - 06/02/17 | 81002    |          | Urine, nonautomated without microscopy                | Office | \$20.00  | 1.00 |
| 06/02/17 - 06/02/17 | 80053X   |          | Comprehensive Metabolic Panel                         | Office | \$44.00  | 1.00 |
| 06/02/17 - 06/02/17 | 80061X   |          | Lipid Panel (total cholesterol, HDL, triglycerides)   | Office | \$37.00  | 1.00 |
| 06/02/17 - 06/02/17 | 96372    |          | Injection Administration (Intramuscular)              | Office | \$30.00  | 1.00 |
| 06/02/17 - 06/02/17 | 82977X   |          | Glutamyltransferase, gamma (GGT)                      | Office | \$15.00  | 1.00 |
| 06/02/17 - 06/02/17 | 83721X   |          | Low density lipoprotein assay                         | Office | \$20.00  | 1.00 |
| 06/02/17 - 06/02/17 | 84100X   |          | Phosphorus, inorganic                                 | Office | \$10.00  | 1.00 |
| 06/02/17 - 06/02/17 | 84550X   |          | Uric acid   | Office | \$45.00  | 1.00 |
| 06/02/17 - 06/02/17 | 83615X   |          | Lactate dehydrogenase                                 | Office | \$13.00  | 1.00 |
| 06/02/17 - 06/02/17 | 84480X   |          | Triiodothyronine T3; total                            | Office | \$30.00  | 1.00 |
| 06/02/17 - 06/02/17 | 84436X   |          | T4 Thyroxine, total                                   | Office | \$20.00  | 1.00 |
| 06/02/17 - 06/02/17 | 84443X   |          | Thyroid stimulating hormone (TSH)                     | Office | \$35.00  | 1.00 |
| 06/02/17 - 06/02/17 | 84153    |          | Prostate specific antigen, total                      | Office | \$65.00  | 1.00 |
| 06/02/17 - 06/02/17 | 83719    |          | VLDL cholesterol - OUTSIDE LAB                        | Office | \$23.00  | 1.00 |
| 06/02/17 - 06/02/17 | 84479    |          | T3 Uptake - OUTSIDE LAB                               | Office | \$13.75  | 1.00 |
| 06/02/17 - 06/02/17 | 36415    |          | Collection of venous blood by venipuncture            | Office | \$25.00  | 1.00 |

Insurance Company: Medicare  
Group Number: None  
Policy Number:

UA & CBC done in house  
other labs done by CPL

|                 |       |
|-----------------|-------|
| Invoice Amount  | \$694 |
| Co-Payment Paid | \$0   |
| Patient Paid    | \$0   |
| Patient Adj     | \$0   |
| Patient Deposit | \$0   |
| Insurance Paid  | \$0   |
| Insurance Adj   | \$0   |
| Total Payment   | \$0   |

C-4

# **EXHIBIT D**

Jane Doe 1

Siemens  
Climatex Status  
Serial Number  
Patient Name  
Patient ID  
Multistix 10 SG 11-2017  
Test date 06- 2:03PM  
Time 08G  
Operator 8942  
Test number Yellow  
Color  
Clarity Cloudy  
GLU Negative  
BIL Negative  
KET Negative  
SG 1.020  
BLO Negative  
PH 5.5  
PRC Trace  
URO J 2 E.U./dL  
Nit Positive  
LEU Small

## Invoice

Print Date: 11/29/201

303 MEDICAL CLINIC dba  
710 E PIONEER PKWY SPUR 303  
GRAND PRAIRIE, TX 75051-4958

Jane Doe 1

Invoice Date: 6/13/2017 12:00:07 AM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: Sierra Nieves, Luis

TX 76

| Service Dates       | CPT Code | ICD Code | Description   | POS    | Unit Fee | Unit | Fee     |
|---------------------|----------|----------|---|--------|----------|------|---------|
|                     |          | M54.5    | Low back pain   |        |          |      |         |
|                     |          | R30.0    | Dysuria   |        |          |      |         |
|                     |          | R30.9    | Painful micturition, unspecified                      |        |          |      |         |
| 06/11/17 - 06/11/17 | 99213-25 |          | Office/outpatient visit; established patient, level 2 | Office | \$86.09  | 1.00 | \$86.09 |
| 06/11/17 - 06/11/17 | 81002    |          | Urinalysis, nonautomated without microscopy           | Office | \$20.00  | 1.00 | \$20.00 |
| 06/11/17 - 06/11/17 | J0606    |          | Receptin 500 mg (250 X 2)                             | Office | \$45.00  | 2.00 | \$90.00 |
| 06/11/17 - 06/11/17 | 96372    |          | Injection Administration (Intramuscular)              | Office | \$30.00  | 1.00 | \$30.00 |

Insurance Company: Medicare

Group Number: 1 NONE YEAR 2014

Policy Number:

|                 |          |
|-----------------|----------|
| Invoice Amount  | \$226.09 |
| Co-Payment Paid | \$0.00   |
| Patient Paid    | \$0.00   |
| Patient Adj     | \$0.00   |
| Patient Deposit | \$0.00   |
| Insurance Paid  | \$45.81  |
| Insurance Adj   | \$138.57 |
| Total Payment   | \$184.38 |
| Invoice Balance | \$41.71  |

# EXHIBIT E

LAKE JUNE MEDICAL  
7716 LAKE JUNE RD  
DALLAS TX 75217  
214-398-8801

John Doe 2

|      |                                |          |      |
|------|--------------------------------|----------|------|
| ID:  |                                | 01-27-10 |      |
| COWB |                                | 11:16    |      |
|      |                                | Patient  |      |
|      |                                | Limits   |      |
| WBC  | 12.6 $\times 10^3/\mu\text{L}$ | 4.5      | 10.5 |
| RBC  | 4.68 $\times 10^6/\mu\text{L}$ | 4.00     | 6.00 |
| Hgb  | 13.9 g/dL                      | 11.0     | 18.0 |
| Hct  | 42.7 %                         | 35.0     | 60.0 |
| MCV  | 91.3 fL                        | 80.0     | 99.9 |
| MCH  | 29.6 pg                        | 27.0     | 31.0 |
| MCHC | 32.5 g/dL                      | 33.0     | 37.0 |
| Plt  | 181 $\times 10^3/\mu\text{L}$  | 150.     | 450. |

49  
w

Physician \_\_\_\_\_  
Reviewed: Defa Report

For Flags:  
☐ Send out to reference lab for smear slide  
☐ No reference lab needed

Siemens  
Clinitek Status®

LAKE JUNE MEDICAL CLINIC  
Serial Number:

Patient Name:

Multistix® 10 SG  
Test date 01-27-2016  
Time 12:25PM

Operator  
Test number 3834  
Color Yellow  
Clarity Clear

GLU Negative  
BIL Negative  
KET Negative  
SG >=1.030 \*  
\*BLO Small  
pH 6.0  
\*PRC >=300 mg/dL\*  
URO 0.2 E.U./dL  
NIT Negative  
LEU Negative

# DCA Vantage

John Doe 2

HbA1c Patient Test

Print Date  
01/27/2016 10:20 AM  
Serial No.

Test Date  
01/27/2016 10:12 AM  
Sequence No.

Cartridge Lot

HbA1c Primary  
NGSP

Primary  
HbA1c = 6.6 % +

Patient ID

Last Name

First Name

RBS  
108 mg

lw

Siemens  
Clinitek Status®

LAKE JUNE MEDICAL CLINIC  
Serial Number:

Patient Name:

CLINITEK® Microalbumin 2  
Test date 01-27-2016  
Time 12:29PM

Operator  
Test number 3335  
Color Yellow  
Clarity Clear

ALB 150 mg/L  
CRE 300 mg/dL  
\*A/C 30 - 300 mg/g\*  
Abnormal

## Invoice

Print Date: 11/29/2017

LAKE JUNE MEDICAL dba  
7716 LAKE JUNE RD  
DALLAS, TX 75217

John Doe 2

Invoice Date: 1/29/2016 1:30:01 PM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: Gelbar, Roxanne L

TX 75

| Service Dates       | CPT Code            | ICD Code | Description   | POS    | Unit Fee | Unit | Fee      |
|---------------------|---------------------|----------|---|--------|----------|------|----------|
|                     |                     | J30.9    | Allergic rhinitis, unspecified                                |        |          |      |          |
|                     |                     | J30.0    | Vasomotor rhinitis  |        |          |      |          |
|                     |                     | J02.9    | Acute pharyngitis, unspecified                                |        |          |      |          |
|                     |                     | I10      | Essential (primary) hypertension                              |        |          |      |          |
|                     |                     | E11.9    | Type 2 diabetes mellitus without complications                |        |          |      |          |
|                     |                     | R53.81   | Other malaise   |        |          |      |          |
|                     |                     | Z12.5    | Encounter for screening for malignant neoplasm of prostate    |        |          |      |          |
|                     |                     | D72.829  | Elevated white blood cell count, unspecified                  |        |          |      |          |
| 01/27/16 - 01/27/16 | 99203-25            |          | Office visit - new pt, level 3                                | Office | \$128.30 | 1.00 | \$128.30 |
| 01/27/16 - 01/27/16 | <del>83025-00</del> |          | <del>Complete (CBC), automated (Hgb, Hct, RBC, WBC, and</del> | Office | \$30.00  | 1.00 | \$30.00  |
| 01/27/16 - 01/27/16 | <del>82047-50</del> |          | <del>Glucose, quantitative, blood</del>                       | Office | \$16.00  | 1.00 | \$16.00  |
| 01/27/16 - 01/27/16 | 83036               |          | Hemoglobin; glycosylated (A1C)                                | Office | \$25.00  | 1.00 | \$25.00  |
| 01/27/16 - 01/27/16 | 81002               |          | Urinalysis, nonautomated without microscopy                   | Office | \$20.00  | 1.00 | \$20.00  |
| 01/27/16 - 01/27/16 | 82274               |          | Blood, occult, by fecal hemoglobin determination by immu      | Office | \$40.00  | 1.00 | \$40.00  |
| 01/27/16 - 01/27/16 | 82043               |          | Urine microalbumin, quantitative                              | Office | \$65.00  | 1.00 | \$65.00  |
| 01/27/16 - 01/27/16 | 93923               |          | Complete bil non-invasive physiologic studies of upper or     | Office | \$275.00 | 1.00 | \$275.00 |
| 01/27/16 - 01/27/16 | 93000               |          | Electrocardiogram, routine with at least 12 leads; with inte  | Office | \$60.00  | 1.00 | \$60.00  |
| 01/27/16 - 01/27/16 | J0888**             |          | <del>Rocephin 500 mg (250 X 2)</del>                          | Office | \$45.00  | 2.00 | \$90.00  |
| 01/27/16 - 01/27/16 | 98372               |          | Injection Administration (Intramuscular)                      | Office | \$30.00  | 1.00 | \$30.00  |
| 01/27/16 - 01/27/16 | 36415               |          | Collection of venous blood by venipuncture                    | Office | \$25.00  | 1.00 | \$25.00  |

Insurance Company: Medicare

Group Number: 0

Policy Number:

|                 |          |
|-----------------|----------|
| Invoice Amount  | \$804.30 |
| Co-Payment Paid | \$0.00   |
| Patient Paid    | \$0.00   |
| Patient Adj     | \$0.00   |
| Patient Deposit | \$0.00   |
| Insurance Paid  | \$239.41 |
| Insurance Adj   | \$564.89 |
| Total Payment   | \$804.30 |
| Invoice Balance | \$0.00   |

LAKE JUNE MEDICAL CLINIC  
7716 LAKE JUNE RD.  
DALLAS TX 75217  
(214) 398-8801

John Doe 2

ID:  
OVWB

04-24-17

14:36

Patient

Limits 2

|      |      |                  |      |      |
|------|------|------------------|------|------|
| WBC  | 9.6  | $\times 10^3/uL$ | 4.5  | 10.5 |
| RBC  | 4.65 | $\times 10^6/uL$ | 4.00 | 5.40 |
| Hgb  | 13.9 | g/dL             | 12.5 | 17.5 |
| Hct  | 42.5 | %                | 35.0 | 52.0 |
| MCV  | 91.4 | fL               | 70.0 | 98.0 |
| MCH  | 29.8 | pg               | 25.0 | 34.0 |
| MCHC | 32.6 | g/dL             | 30.3 | 37.0 |
| Plt  | 164. | $\times 10^3/uL$ | 150. | 450. |

149

RBS-70  
Hpylori - Negative

*[Signature]*

## Invoice

Print Date: 11/29/201

LAKE JUNE MEDICAL dba  
7716 LAKE JUNE RD  
DALLAS, TX 75217

John Doe 2

Invoice Date: 4/26/2017 1:29:58 PM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: Thomas, Sie

Dallas, TX

| Service Dates       | CPT Code | ICD Code | Description  | POS    | Unit Fee | Units | Re      |
|---------------------|----------|----------|--|--------|----------|-------|---------|
|                     |          | M54.2    | Cervicalgia  |        |          |       |         |
|                     |          | I10      | Essential (primary) hypertension                           |        |          |       |         |
|                     |          | E11.9    | Type 2 diabetes mellitus without complications             |        |          |       |         |
|                     |          | D72.829  | Elevated white blood cell count, unspecified               |        |          |       |         |
| 04/24/17 - 04/24/17 | 99213-25 |          | Office visit - established pt, Level 3                     | Office | \$86.09  | 1.00  | \$86.09 |
| 04/24/17 - 04/24/17 | 85025    |          | Complete (CBC), automated (Hgb, Hct, RBC, WBC, and         | Office | \$30.00  | 1.00  | \$30.00 |
| 04/24/17 - 04/24/17 | 72040    |          | Radiologic examination, spine, cervical; two or three view | Office | \$95.00  | 1.00  | \$95.00 |
| 04/24/17 - 04/24/17 | J0896**  |          | Rocephin 500 mg (250 X 2 )                                 | Office | \$45.00  | 2.00  | \$90.00 |
| 04/24/17 - 04/24/17 | 96372    |          | Injection Administration (Intramuscular)                   | Office | \$30.00  | 1.00  | \$30.00 |
| 04/24/17 - 04/24/17 | 36416    |          | Collection of capillary blood specimen                     | Office | \$20.00  | 1.00  | \$20.00 |
| 04/24/17 - 04/24/17 | 82947    |          | Glucose, quantitative                                      | Office | \$16.00  | 1.00  | \$16.00 |
| 04/24/17 - 04/24/17 | 86877    |          | H. pylori Ab   | Office | \$45.00  | 1.00  | \$45.00 |

Insurance Company: Medicare

Group Number: 0

Policy Number:

|                 |          |
|-----------------|----------|
| Invoice Amount  | \$412.09 |
| Co-Payment Paid | \$0.00   |
| Patient Paid    | \$0.00   |
| Patient Adj     | \$0.00   |
| Patient Deposit | \$0.00   |
| Insurance Paid  | \$120.41 |
| Insurance Adj   | \$291.68 |
| Total Payment   | \$412.09 |
| Invoice Balance | \$0.00   |

E-5

# **EXHIBIT F**

LAKE JUNE MEDICAL  
7716 LAKE JUNE RD.  
DALLAS TX 75217  
214-398-8801

Jane Doe 2

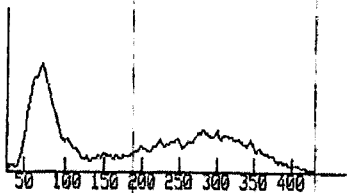
ID:  
CVWB

08-14-12  
08:38

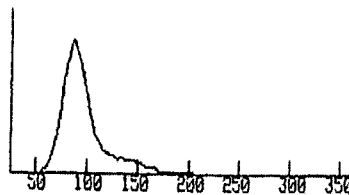
Patient  
Limits 1

|      |      |                           |      |      |
|------|------|---------------------------|------|------|
| WBC  | 7.7  | $\times 10^3/\mu\text{L}$ | 4.5  | 10.5 |
| LY   | 35.2 | %                         | 20.5 | 51.1 |
| MO   | 7.9  | %                         | 1.7  | 9.3  |
| GR   | 56.9 | %                         | 42.2 | 75.2 |
| LYH  | 2.7  | $\times 10^3/\mu\text{L}$ | 1.2  | 3.4  |
| MOH  | 0.6  | $\times 10^3/\mu\text{L}$ | 0.1  | 0.6  |
| GRH  | 4.4  | $\times 10^3/\mu\text{L}$ | 1.4  | 6.5  |
| RBC  | 4.14 | $\times 10^6/\mu\text{L}$ | 4.00 | 6.00 |
| Hgb  | 11.3 | g/dL                      | 11.0 | 18.0 |
| Hct  | 35.8 | %                         | 35.0 | 60.0 |
| MCV  | 86.4 | fL                        | 80.0 | 99.9 |
| MCH  | 27.3 | pg                        | 27.0 | 31.0 |
| MCHC | 31.5 | g/dL                      | 33.0 | 37.0 |
| RDW  | 14.5 | %                         | 11.6 | 13.7 |
| Plt  | 302  | $\times 10^3/\mu\text{L}$ | 150  | 450  |
| MPV  | 7.6  | fL                        | 7.8  | 11.0 |

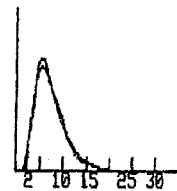
DOB 46  
Tech GR



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Siemens  
Cinitex Status

LAKE JUNE MEDICAL CLINIC  
Serial Number:

Patient Name:

Multistat X@ 10 SG  
Test date 08-14-2012  
Time 9:27AM  
Operator  
Test number 313h  
Color Yellow  
Clarity Clear

GLU Negative  
BIL Negative  
KET Negative  
SG 1.015  
BLO Negative  
pH 7.0  
PRO Negative  
URO 0.2 E.C./dL  
NIT Negative  
\*LEU Trace \*

Physician MJM  
Reviewed Data Report

For Flags:  
☐ Send out to reference  
lab for smear slide  
☐ No reference lab per

## Invoice

Print Date: 11/29/201

LAKE JUNE MEDICAL dba  
7716 LAKE JUNE RD  
DALLAS, TX 75217

Jane Doe 2

Invoice Date: 8/16/2012 12:00:01 AM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: Mendez, Micheal

, TX 75

| Service Dates       | CPT Code | ICD Code | Description  | POS    | Unit Fee | Unit | Fee      |
|---------------------|----------|----------|--|--------|----------|------|----------|
|                     |          | 787.1    | Heartburn  |        |          |      |          |
|                     |          | 789.00   | Abdominal pain   |        |          |      |          |
|                     |          | 789.06   | Epigastric abdominal pain                                    |        |          |      |          |
|                     |          | V78.0    | Screening for iron deficiency anemia                         |        |          |      |          |
|                     |          | 599.0    | Genitourinary tract infection                                |        |          |      |          |
|                     |          | 401.1    | Essential hypertension, benign                               |        |          |      |          |
| 08/14/12 - 08/14/12 | 99214-25 |          | Office/outpatient visit; established patient, level 4        | Office | \$129.17 | 1.00 | \$129.17 |
| 08/14/12 - 08/14/12 | 85025    |          | Complete (CBC), automated (Hgb, Hct, RBC, WBC, and           | Office | \$30.00  | 1.00 | \$30.00  |
| 08/14/12 - 08/14/12 | 82947    |          | Glucose, quantitative, blood                                 | Office | \$18.00  | 1.00 | \$18.00  |
| 08/14/12 - 08/14/12 | TPANEL*  |          | Thyroid Panel (TSH, T3 TL, T3 UP, T4/FREE, T7 CALC)          | Office | \$0.00   | 1.00 | \$0.00   |
| 08/14/12 - 08/14/12 | 81002    |          | Urinalysis, nonautomated without microscopy                  | Office | \$20.00  | 1.00 | \$20.00  |
| 08/14/12 - 08/14/12 | CHMPFL*  |          | CHEM PROFILE   | Office | \$0.00   | 1.00 | \$0.00   |
| 08/14/12 - 08/14/12 | 93000    |          | Electrocardiogram, routine with at least 12 leads; with inte | Office | \$60.00  | 1.00 | \$60.00  |
| 08/14/12 - 08/14/12 | 82274    |          | Blood, occult, by fecal hemoglobin determination by immu     | Office | \$0.00   | 1.00 | \$0.00   |
| 08/14/12 - 08/14/12 | J0696**  |          | Rocephin 500 mg (250 X 2 )                                   | Office | \$45.00  | 2.00 | \$90.00  |
| 08/14/12 - 08/14/12 | 96372    |          | Injection Administration (Intramuscular)                     | Office | \$30.00  | 1.00 | \$30.00  |
| 08/14/12 - 08/14/12 | 36415    |          | Collection of venous blood by venipuncture                   | Office | \$25.00  | 1.00 | \$25.00  |

Insurance Company: Medicare

Group Number: 1 NONE YEAR 2014

Policy Number:

|                 |          |
|-----------------|----------|
| Invoice Amount  | \$400.17 |
| Co-Payment Paid | \$0.00   |
| Patient Paid    | \$0.00   |
| Patient Adj     | \$0.00   |
| Patient Deposit | \$0.00   |
| Insurance Paid  | \$142.09 |
| Insurance Adj   | \$258.08 |
| Total Payment   | \$400.17 |
| Invoice Balance | \$0.00   |

F-2

LAKE JUNE MEDICAL  
7716 LAKE JUNE RD.  
DALLAS TX 75217  
214-398-8801

ID: 1  
COWB

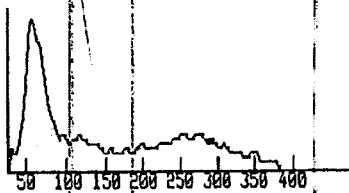
12-14-13

11:47

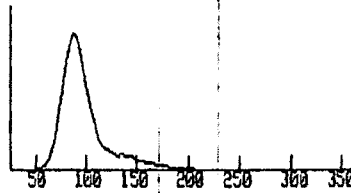
Patient  
Limits 1

|      |      |                           |      |      |
|------|------|---------------------------|------|------|
| WBC  | 4.9  | $\times 10^3/\mu\text{L}$ | 4.5  | 10.5 |
| LY   | 40.0 | %                         | 20.5 | 51.1 |
| MO   | 10.0 | H %                       | 1.7  | 9.3  |
| GR   | 50.0 | %                         | 42.2 | 75.2 |
| LY#  | 2.0  | $\times 10^3/\mu\text{L}$ | 1.2  | 3.4  |
| MO#  | 0.5  | $\times 10^3/\mu\text{L}$ | 0.1  | 0.6  |
| GR#  | 2.5  | $\times 10^3/\mu\text{L}$ | 1.4  | 6.5  |
| RBC  | 4.12 | $\times 10^6/\mu\text{L}$ | 4.00 | 6.00 |
| Hgb  | 12.4 | g/dL                      | 11.0 | 18.0 |
| Hct  | 37.0 | %                         | 35.0 | 60.0 |
| MCV  | 89.8 | fL                        | 80.0 | 99.9 |
| MCH  | 30.2 | pg                        | 27.0 | 31.0 |
| MCHC | 33.6 | g/dL                      | 33.0 | 37.0 |
| RDW  | 14.6 | %                         | 11.6 | 13.7 |
| PLT  | 278  | $\times 10^3/\mu\text{L}$ | 150  | 450  |
| MPV  | 7.5  | fL                        | 7.8  | 11.0 |

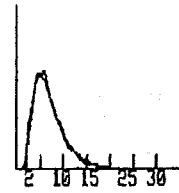
Jane Doe 2



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

### DCA Vantage

HbA1c Patient Test

Print Date  
12/14/2013 11:32 AM  
Serial No.  
S033135

Test Date  
12/14/2013 11:24 AM  
Sequence No.

Cartridge Lot

HbA1c Primary  
NGSP

Primary  
HbA1c = 6.2 % +

Operator ID

CF

Patient ID

Last Name

First Name

emens  
nittek Status

LAKE JUNE MEDICAL CLINIC  
Serial Number

Patient Name:

Multi-line x9 ID SG  
Test date 12-14-2013  
Time 11:53AM  
Operator  
Test number 6788  
Color re low  
Clarity Clear

LD Negative  
LD Negative  
LD Trace  
LD 1.020  
LD Negative  
LD 6.5  
LD Negative  
LD 0.2 E U/dL  
LD Negative  
LD Negative

For F...  
☐ Send reference  
lab for slide  
☒ No reference lab needed

Physician

Reviewed Data Report

## Invoice

Print Date: 11/29/201

LAKE JUNE MEDICAL dba  
7716 LAKE JUNE RD  
DALLAS, TX 75217

Jane Doe 2

Invoice Date: 12/16/2013 1:29:53 PM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: HARVEY, JESSE J

Dallas, TX

| Service Dates       | OPT Code | ICD Code | Description   | POS    | Unit Fee | Unit | Fee     |
|---------------------|----------|----------|---|--------|----------|------|---------|
|                     |          | 786.2    | Cough   |        |          |      |         |
|                     |          | 724.5    | Back pain   |        |          |      |         |
|                     |          | 268.9    | Vitamin D deficiency  |        |          |      |         |
|                     |          | 714.0    | Rheumatoid arthritis  |        |          |      |         |
|                     |          | 466.0    | Bronchitis, acute   |        |          |      |         |
|                     |          | 250.00   | Type 2 DM   |        |          |      |         |
|                     |          | 401.1    | HTN   |        |          |      |         |
|                     |          | 244.8    | Acquired hypothyroidism   |        |          |      |         |
| 12/14/13 - 12/14/13 | 85025    |          | Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelets)             | Office | \$30.00  | 1.00 | \$30.00 |
| 12/14/13 - 12/14/13 | 82947    |          | Glucose, quantitative, blood  | Office | \$16.00  | 1.00 | \$16.00 |
| 12/14/13 - 12/14/13 | 83036    |          | Hemoglobin; glycosylated (A1C)  | Office | \$25.00  | 1.00 | \$25.00 |
| 12/14/13 - 12/14/13 | 82274    |          | Blood, occult, by fecal hemoglobin determination by immunochemical method | Office | \$40.00  | 1.00 | \$40.00 |
| 12/14/13 - 12/14/13 | 81002    |          | Urinalysis, nonautomated without microscopy                               | Office | \$20.00  | 1.00 | \$20.00 |
| 12/14/13 - 12/14/13 | 99213-25 |          | Office/outpatient visit; established patient, level 3                     | Office | \$86.09  | 1.00 | \$86.09 |
| 12/14/13 - 12/14/13 | J0696**  |          | Rocephin 500 mg (250 X 2)   | Office | \$45.00  | 2.00 | \$90.00 |
| 12/14/13 - 12/14/13 | 96372    |          | Injection Administration (Intramuscular)                                  | Office | \$30.00  | 1.00 | \$30.00 |
| 12/14/13 - 12/14/13 | 36415    |          | Collection of venous blood by venipuncture                                | Office | \$25.00  | 1.00 | \$25.00 |

Insurance Company: Medicare

Group Number: 1 NONE YEAR 2014

Policy Number:

|                 |           |
|-----------------|-----------|
| Invoice Amount  | \$362.09  |
| Co-Payment Paid | \$0.00    |
| Patient Paid    | \$0.00    |
| Patient Adj     | (\$17.22) |
| Patient Deposit | \$0.00    |
| Insurance Paid  | \$124.13  |
| Insurance Adj   | \$255.18  |
| Total Payment   | \$362.09  |
| Invoice Balance | \$0.00    |

F-4

LAKE JUNE MEDICAL CLINIC  
 7716 LAKE JUNE RD.  
 DALLAS TX 75217  
 (214) 398-8801

ID:  
 OVWB

05-29-17  
 12:20

Patient  
 Limits 1

|      |      |   |                  |      |      |
|------|------|---|------------------|------|------|
| WBC  | 15.0 | H | $\times 10^3/uL$ | 4.5  | 10.5 |
| RBC  | 3.76 | L | $\times 10^6/uL$ | 4.00 | 5.40 |
| Hgb  | 10.7 | L | g/dL             | 11.5 | 15.5 |
| Hct  | 34.4 | L | %                | 35.0 | 45.0 |
| MCV  | 91.5 |   | fL               | 70.0 | 98.0 |
| MCH  | 28.5 |   | pg               | 25.0 | 34.0 |
| MCHC | 31.1 |   | g/dL             | 30.0 | 37.0 |
| Plt  | 230. |   | $\times 10^3/uL$ | 150. | 450. |

Jane Doe 2

Siemens  
 Clinitek Status

Serial Number

Patient Name

Patient ID: 050443

Manufacturer ID: 55

Test date: 05-29-2017

Time: 11:19AM

Operator: AM

Test number: 0575

Color: Yellow

Clarity: Cloudy

Reviewed Data Report

For File  
 and  
 in

reference  
 file

GLU Negative  
 BIL Negative  
 KET Negative  
 SG 1.05  
 BLD Large  
 pH 6.0  
 PRO 100 mg/dL  
 URO 0.2 EU/mL  
 NIT Positive  
 LEU Large

# Invoice

Print Date: 11/29/201

LAKE JUNE MEDICAL dba  
7716 LAKE JUNE RD  
DALLAS, TX 75217

Jane Doe 2

Invoice Date: 5/31/2017 12:00:04 AM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: HARVEY, JESSE J

Dallas,

| Service Dates       | CPT Code | ICD Code | Description  | POS    | Unit Fee | Unit | Fee      |
|---------------------|----------|----------|--|--------|----------|------|----------|
|                     |          | N30.01   | Acute cystitis with hematuria                      |        |          |      |          |
|                     |          | M79.9    | Soft tissue disorder, unspecified                  |        |          |      |          |
| 05/29/17 - 05/29/17 | 99213-25 |          | Office visit - established pt. Level 3             | Office | \$86.09  | 1.00 | \$86.09  |
| 05/29/17 - 05/29/17 | J0696Z   |          | Rocephin 1 gram (4 units of 250)                   | Office | \$45.00  | 4.00 | \$180.00 |
| 05/29/17 - 05/29/17 | 96372    |          | Injection Administration (Intramuscular)           | Office | \$30.00  | 1.00 | \$30.00  |
| 05/29/17 - 05/29/17 | J1885*   |          | Tordal 60 mg                                       | Office | \$15.00  | 4.00 | \$60.00  |
| 05/29/17 - 05/29/17 | 96372-76 |          | Injection Administration (Intramuscular)           | Office | \$30.00  | 1.00 | \$30.00  |
| 05/29/17 - 05/29/17 | 81002    |          | Urinalysis, nonautomated without microscopy        | Office | \$20.00  | 1.00 | \$20.00  |
| 05/29/17 - 05/29/17 | 85025    |          | Complete (CBC), automated (Hgb, Hct, RBC, WBC, and | Office | \$30.00  | 1.00 | \$30.00  |
| 05/29/17 - 05/29/17 | 36418    |          | Collection of capillary blood specimen             | Office | \$20.00  | 1.00 | \$20.00  |
| 05/29/17 - 05/29/17 | 96372-76 |          | Admin of Injection: sub or im                      | Office | \$30.00  | 1.00 | \$30.00  |

Insurance Company: Medicare

Group Number: 1 NONE YEAR 2014

Policy Number:

|                 |          |
|-----------------|----------|
| Invoice Amount  | \$486.09 |
| Co-Payment Paid | \$0.00   |
| Patient Paid    | \$0.00   |
| Patient Adj     | \$0.00   |
| Patient Deposit | \$0.00   |
| Insurance Paid  | \$0.00   |
| Insurance Adj   | \$0.00   |
| Total Payment   | \$0.00   |
| Invoice Balance | \$486.09 |

F-6

# **EXHIBIT G**

OAK CLIFF MEDICAL CLINIC  
1401 W. JEFFERSON  
DALLAS, TX 75208

John Doe 3

RG

ID:             
CVWB

05-30-17

15:56

Patient

Limits 2

|      |         |                           |      |      |
|------|---------|---------------------------|------|------|
| WBC  | 15.7 H  | $\times 10^3/\mu\text{L}$ | 4.5  | 10.5 |
| RBC  | 3.44 L  | $\times 10^6/\mu\text{L}$ | 4.00 | 5.40 |
| Hgb  | 11.3 L  | g/dL                      | 12.5 | 17.5 |
| Hct  | 35.0    | %                         | 35.0 | 52.0 |
| MCV  | 101.9 H | fL                        | 70.0 | 98.0 |
| MCH  | 32.8    | pg                        | 25.0 | 34.0 |
| MCHC | 32.2    | g/dL                      | 30.0 | 37.0 |
| Plt  | 293.    | $\times 10^3/\mu\text{L}$ | 150. | 450. |

Physician

Reviewed Data Report

Siemens Diagnostics  
C Intex Status

Patient Name:

Patient ID:

Multistix® 10 SG  
Test date 05-30-2017  
Time 4:25PM  
Operator RG  
Test number 9976  
Color Yellow  
Clarity Clear

GLU Negative  
BIL Moderate  
KET 15 mg/dL  
SG 1.020  
BLO Trace-lysed  
pH 6.5  
PRO 30 mg/dL  
URO >=8.0 E.U./dL  
NIT Negative  
LEU Negative

RBS

Result: 78  
M.A: RG

H. Pylori

Result: Positive  
M.A: RG

OAK CLIFF MEDICAL TREATMENT CLINIC  
1401 W. JEFFERSON  
DALLAS, TEXAS 75208  
(214) 941-9200  
FAX (214) 941-9262

John Doe 3

DCA Vantage

HbA1c Patient Test

Print Date  
05/30/2017 04:03 PM  
Serial No.

Test Date  
05/30/2017 03:56 PM  
Sequence No.

Cartridge Lot

HbA1c Primary  
NGSP

Primary  
HbA1c = 5.3 %

Patient ID

Last Name

First Name

## Invoice

Print Date: 11/29/2017

OAKCLIFF MEDICAL TREATMENT CLINIC  
1401 W JEFFERSON BLVD  
DALLAS, TX 75208-5326

John Doe 3

Invoice Date: 5/31/2017 12:00:11 AM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: MA, WENHUA

TX 752

| Service Dates       | CPT Code | ICD Code | Description   | POS    | Unit Fee | Unit | Fee      |
|---------------------|----------|----------|---|--------|----------|------|----------|
|                     |          | I10      | Essential (primary) hypertension                                  |        |          |      |          |
|                     |          | R05      | Cough   |        |          |      |          |
|                     |          | M25.511  | Pain in right shoulder  |        |          |      |          |
|                     |          | K29.70   | Gastritis, unspecified without bleeding                           |        |          |      |          |
|                     |          | E78.2    | Mixed hyperlipidemia  |        |          |      |          |
|                     |          | K92.1    | Melena  |        |          |      |          |
|                     |          | N41.0    | Acute prostatitis   |        |          |      |          |
|                     |          | R07.2    | Precordial pain   |        |          |      |          |
| 05/30/17 - 05/30/17 | 99214-25 |          | Office/outpatient visit established patient, level 4              | Office | \$129.17 | 1.00 | \$129.17 |
| 05/30/17 - 05/30/17 | 85025    |          | Complete (CBC), automated (Hgb, Hct, RBC, WBC, and Office         | Office | \$30.00  | 1.00 | \$30.00  |
| 05/30/17 - 05/30/17 | 82947    |          | Glucose, quantitative, blood                                      | Office | \$16.00  | 1.00 | \$16.00  |
| 05/30/17 - 05/30/17 | 83036    |          | Hemoglobin, glycosylated (A1C)                                    | Office | \$25.00  | 1.00 | \$25.00  |
| 05/30/17 - 05/30/17 | 86677    |          | Helicobacter pylori antibody                                      | Office | \$45.00  | 1.00 | \$45.00  |
| 05/30/17 - 05/30/17 | 82274    |          | Blood, occult, by fecal hemoglobin determination by immuOffice    | Office | \$40.00  | 1.00 | \$40.00  |
| 05/30/17 - 05/30/17 | 81002    |          | Urinalysis, nonautomated without microscopy                       | Office | \$20.00  | 1.00 | \$20.00  |
| 05/30/17 - 05/30/17 | 93000    |          | Electrocardiogram, routine with at least 12 leads with inteOffice | Office | \$60.00  | 1.00 | \$60.00  |
| 05/30/17 - 05/30/17 | J1885*   |          | Tordal 60 mg  | Office | \$15.00  | 4.00 | \$60.00  |
| 05/30/17 - 05/30/17 | J0686**  |          | Rocephin 500 mg (250 X 2)   | Office | \$45.00  | 2.00 | \$90.00  |
| 05/30/17 - 05/30/17 | 96372-76 |          | Injection Administration (Intramuscular)                          | Office | \$30.00  | 1.00 | \$30.00  |
| 05/30/17 - 05/30/17 | 96372    |          | Admin of Injection: sub or im                                     | Office | \$30.00  | 1.00 | \$30.00  |
| 05/30/17 - 05/30/17 | 36415    |          | Collection of venous blood by venipuncture                        | Office | \$25.00  | 1.00 | \$25.00  |

Insurance Company: Medicare

Group Number: 1 NONE YEAR 2014

Policy Number:

Invoice Amount \$600.17

Co-Payment Paid \$0.00

Patient Paid \$0.00

Patient Adj \$0.00

Patient Deposit \$0.00

Insurance Paid \$0.00

Insurance Adj \$0.00

Total Payment \$0.00

Invoice Balance \$600.17

G-3

1401 W JEFFERSON BLVD, DALLAS TX 75208-5326 Phone: (214)941-9230 Fax: (214)941-9252

# **EXHIBIT H**

Jan. 14. 2016 11:45AM

No. 7643 P. 12/24

Bruce E. Wardle DO PA  
Central Lab  
520 W. Seminary  
Fort Worth, TX 76115

Jane Doe 3

PATIENT: Spec#: Drawn: 1/11/16 11:20  
PID: Location: 303 Medical Clinic Recvd: 1/13/16 10:56  
DoB: /1935 Age: 80 Sex: F FINAL Print: 1/14/16 10:46  
Fasting: N

| Test                         | Out-of-Range | Within Range | Units  | Expected Range |
|------------------------------|--------------|--------------|--------|----------------|
| <b>CHEM PROFILE</b>          |              |              |        |                |
| GLUCOSE                      |              | 99.0         | mg/dL  | 65-100         |
| BUN                          |              | 11           | mg/dL  | 8-25           |
| CREATININE                   | 0.59 L       |              | mg/dL  | 0.6-1.3        |
| eGFR AA                      |              | 126          | mL/min | >60            |
| eGFR NAA                     |              | 104          | mL/min | >60            |
| URIC ACID                    |              | 3.1          | mg/dL  | 2.4-7.6        |
| SODIUM                       |              | 143          | mEq/L  | 133-146        |
| POTASSIUM                    |              | 4.7          | mEq/L  | 3.5-5.3        |
| CHLORIDE                     |              | 105          | mEq/L  | 97-110         |
| CO2                          |              | 27           | mEq/L  | 18-30          |
| CALCIUM                      |              | 9.68         | mg/dL  | 8.5-10.5       |
| PHOSPHORUS                   |              | 3.4          | mg/dL  | 2.2-4.5        |
| CHOLESTEROL                  | 227 H        |              | mg/dL  | 0-200          |
| TRIGLYCERIDES                | 239 H        |              | mg/dL  | 0-150          |
| HDL CHOLESTEROL              |              | 72.0         | mg/dL  | >39            |
| LDL CHOL (Calc.)             | 107 H        |              | mg/dL  | <100           |
| LDL/HDL RATIO                |              | 1.49         | Ratio  | 0.00-3.22      |
| VLDL (Calc.)                 | 48 H         |              | mg/dL  | 0-40           |
| TOTAL PROTEIN                |              | 6.9          | g/dL   | 6.0-8.4        |
| ALBUMIN                      |              | 4.54         | g/dL   | 2.9-5.0        |
| TOTAL BILIRUBIN              |              | 0.36         | mg/dL  | 0.1-1.3        |
| ALK PHOSPHATASE              |              | 67.0         | U/L    | 30-132         |
| GGT                          |              | 20           | U/L    | 7-70           |
| SGOT (AST)                   |              | 22.0         | U/L    | 5-35           |
| SGPT (ALT)                   |              | 15.0         | U/L    | 7-56           |
| LDH                          |              | 179          | U/L    | 60-270         |
| IRON, SERUM                  |              | 52           | ug/dL  | 35-145         |
| <b>MISC. CHEMISTRY TESTS</b> |              |              |        |                |
| AMYLASE                      |              | 45           | U/L    | 30-120         |

*Calculated -  
not a  
direct  
measurement*

Tech: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

## Invoice

Print Date: 11/29/2017

Bruce E Wardle DO PA Central Lab  
520 W Seminary  
Fort Worth, TX 76115-1347

Jane Doe 3

Invoice Date: 1/13/2016 12:00:03 AM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: Alexander, Cora L

Grand Prairie, TX

| Service Dates       | CPT Code | ICD Code | Description   | POS    | Unit Fee | Unit | Fee     |
|---------------------|----------|----------|---|--------|----------|------|---------|
|                     |          | E78.2    | Mixed hyperlipidemia                                |        |          |      |         |
|                     |          | M15.3    | Secondary multiple arthritis                        |        |          |      |         |
|                     |          | M15.8    | Other polyosteoarthritis                            |        |          |      |         |
|                     |          | I10      | Essential (primary) hypertension                    |        |          |      |         |
| 01/11/16 - 01/11/16 | 80053**  |          | Comprehensive Metabolic Panel                       | Office | \$44.00  | 1.00 | \$44.00 |
| 01/11/16 - 01/11/16 | 80061**  |          | Lipid Panel (total cholesterol, HDL, triglycerides) | Office | \$37.00  | 1.00 | \$37.00 |
| 01/11/16 - 01/11/16 | 82977**  |          | Glutamyltransferase, gamma (GGT)                    | Office | \$15.00  | 1.00 | \$15.00 |
| 01/11/16 - 01/11/16 | 83719**  |          | Very low density lipoprotein cholesterol assay      | Office | \$23.00  | 1.00 | \$23.00 |
| 01/11/16 - 01/11/16 | 83721**  |          | Low density lipoprotein assay                       | Office | \$20.00  | 1.00 | \$20.00 |
| 01/11/16 - 01/11/16 | 84100**  |          | Phosphorus, inorganic                               | Office | \$10.00  | 1.00 | \$10.00 |
| 01/11/16 - 01/11/16 | 84550**  |          | Uric acid   | Office | \$45.00  | 1.00 | \$45.00 |
| 01/11/16 - 01/11/16 | 83615**  |          | Lactate dehydrogenase                               | Office | \$13.00  | 1.00 | \$13.00 |

Insurance Company: Medicare  
Group Number: 1 NONE YEAR 2014  
Policy Number:

medicare does not  
cover #.  
Requires modifier \*  
indicate we understand  
medicare does not cover

|                 |          |
|-----------------|----------|
| Invoice Amount  | \$207.00 |
| Co-Payment Paid | \$0.00   |
| Patient Paid    | \$0.00   |
| Patient Adj     | \$0.00   |
| Patient Deposit | \$0.00   |
| Insurance Paid  | \$0.00   |
| Insurance Adj   | \$0.00   |
| Total Payment   | \$0.00   |
| Invoice Balance | \$207.00 |

H-2

## Invoice

Print Date: 11/29/2017

303 MEDICAL CLINIC dba  
710 E PIONEER PKWY SPUR 303  
GRAND PRAIRIE, TX 75051-4958

Jane Doe 3

Invoice Date: 6/1/2017 12:00:03 AM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: Sierra Nieves, Luis

Grand Prairie, TX

Medicare has been billed but tests were not done.

| Service Dates       | CPT Code | ICD Code | Description   | POS    | Unit Fee | Unit | Fee     |
|---------------------|----------|----------|---|--------|----------|------|---------|
|                     | E78.2    |          | Mixed hyperlipidemia  |        |          |      |         |
|                     | M15.8    |          | Other polyosteoarthritis                                    |        |          |      |         |
|                     | E55.9    |          | Vitamin D deficiency, unspecified                           |        |          |      |         |
|                     | I10      |          | Essential (primary) hypertension                            |        |          |      |         |
|                     | E11.9    |          | Type 2 diabetes mellitus without complications              |        |          |      |         |
|                     | R41.9    |          | Unsp symptoms and signs w cognitive functions and awareness |        |          |      |         |
| 05/31/17 - 05/31/17 | 99213-25 |          | Office visit - established pt, Level 3                      | Office | \$86.09  | 1.00 | \$86.09 |
| 05/31/17 - 05/31/17 | 80053    |          | Comp metabolic panel - OUTSIDE LAB                          | Office | \$44.00  | 1.00 | \$44.00 |
| 05/31/17 - 05/31/17 | 80061    |          | Lipid panel - OUTSIDE LAB                                   | Office | \$37.00  | 1.00 | \$37.00 |
| 05/31/17 - 05/31/17 | 82977    |          | GGT - OUTSIDE LAB   | Office | \$15.00  | 1.00 | \$15.00 |
| 05/31/17 - 05/31/17 | 83719    |          | VLDL cholesterol - OUTSIDE LAB                              | Office | \$23.00  | 1.00 | \$23.00 |
| 05/31/17 - 05/31/17 | 83721    |          | LDL cholesterol - OUTSIDE LAB                               | Office | \$20.00  | 1.00 | \$20.00 |
| 05/31/17 - 05/31/17 | 84100    |          | Phosphorus - OUTSIDE LAB                                    | Office | \$10.00  | 1.00 | \$10.00 |
| 05/31/17 - 05/31/17 | 83615    |          | LDH - OUTSIDE LAB   | Office | \$13.00  | 1.00 | \$13.00 |
| 05/31/17 - 05/31/17 | 86141    |          | CRP (HS) - OUTSIDE LAB                                      | Office | \$45.00  | 1.00 | \$45.00 |
| 05/31/17 - 05/31/17 | 86431    |          | RHEUM FACTOR - OUTSIDE LAB                                  | Office | \$55.00  | 1.00 | \$55.00 |
| 05/31/17 - 05/31/17 | 86060    |          | ASO titer - OUTSIDE LAB                                     | Office | \$15.00  | 1.00 | \$15.00 |
| 05/31/17 - 05/31/17 | 86038    |          | ANA - OUTSIDE LAB   | Office | \$35.00  | 1.00 | \$35.00 |
| 05/31/17 - 05/31/17 | 86039    |          | ANA Titer - OUTSIDE LAB                                     | Office | \$30.00  | 1.00 | \$30.00 |
| 05/31/17 - 05/31/17 | 84550    |          | Uric acid - OUTSIDE LAB                                     | Office | \$45.00  | 1.00 | \$45.00 |
| 05/31/17 - 05/31/17 | 84480    |          | T3, total - OUTSIDE LAB                                     | Office | \$30.00  | 1.00 | \$30.00 |
| 05/31/17 - 05/31/17 | 84479    |          | T3 Uptake - OUTSIDE LAB                                     | Office | \$13.75  | 1.00 | \$13.75 |
| 05/31/17 - 05/31/17 | 84436    |          | T4 Thyroxine, total - OUTSIDE LAB                           | Office | \$20.00  | 1.00 | \$20.00 |
| 05/31/17 - 05/31/17 | 84443    |          | TS-H - OUTSIDE LAB  | Office | \$35.00  | 1.00 | \$35.00 |
| 05/31/17 - 05/31/17 | 82306    |          | Calcifediol   | Office | \$51.57  | 1.00 | \$51.57 |
| 05/31/17 - 05/31/17 | J1885*   |          | Tardal 60 mg  | Office | \$15.00  | 4.00 | \$60.00 |
| 05/31/17 - 05/31/17 | 96372    |          | Admin of injection, sub or im                               | Office | \$30.00  | 1.00 | \$30.00 |
| 05/31/17 - 05/31/17 | 82746    |          | Folic Acid - OUTSIDE LAB                                    | Office | \$80.00  | 1.00 | \$80.00 |
| 05/31/17 - 05/31/17 | 36415    |          | Collection of venous blood by venipuncture                  | Office | \$25.00  | 1.00 | \$25.00 |

On this one we billed all these labs despite Laz telling billers not to bill labs and labs were never done!!

710 E PIONEER PKWY SPUR 303, GRAND PRAIRIE, TX 75051-4958 Phone: (972)262-8211 Fax:

H-3

Invoice Amount \$819.41

# **EXHIBIT I**



# CLINICAL PATHOLOGY LABORATORIES

9200 Wall Street \* Austin, Texas 78754  
512-873-1600 1-800-833-4757

CAP Accreditation # 21525-01  
CLIA # 45D0505003

John Doe 4

DOB: 1939

12739  
RIDGEWOOD MEDICAL CLINIC  
219 WEST KINGSLEY #336  
GARLAND, TX 75041

| PATIENT NAME         | PATIENT ID.   | ROOM NUMBER | AGE                    | SEX         | PHYSICIAN          |
|----------------------|---------------|-------------|------------------------|-------------|--------------------|
|                      | 071339        |             | 77                     | M           | WARDLAY, BRUCE E   |
| PAGE REQUISITION NO. | ACCESSION NO. | ID. NO.     | COLLECTION DATE & TIME | LOG-IN-DATE | REPORT DATE & TIME |
| 1                    |               |             | 06/19/17 9:34A         | 06/19/17    | 06/20/17 4:18A     |

, PT FASTING

| TEST  | RESULTS      |              | UNITS | EXPECTED RANGE |
|---|--------------|--------------|-------|----------------|
|   | OUT-OF-RANGE | WITHIN-RANGE |       |                |
| PSA, TOTAL  |              | 0.45         | NG/ML | <=4.00         |
| NOTE: NEW METHODOLOGY IS ROCHE COBAS ELECTROCHEMILUMINESCENT IMMUNOASSAY TRACEABLE TO WHO REFERENCE STANDARD 96/670. CORRELATION STUDIES DEMONSTRATE APPROXIMATELY 20% POSITIVE BIAS RELATIVE TO PRIOR SIEMENS CENTAUR METHODOLOGY. SPECIMEN IS RETAINED IN LABORATORY FOR 7 DAYS. FOR COMPARATIVE TESTING PLEASE CONTACT LABORATORY TO REASSESS WITH PRIOR METHOD. |              |              |       |                |

UNLESS OTHERWISE INDICATED, ALL TESTING PERFORMED AT  
CLINICAL PATHOLOGY LABORATORIES, INC. 9200 WALL ST AUSTIN, TX 78754  
LABORATORY DIRECTOR: MARK A. SILBERMAN, M.D.  
CLIA NUMBER 45D0505003 CAP ACCREDITATION NO. 21525-01

\*\*\* FINAL REPORT \*\*\*

## Invoice

Print Date: 11/29/2017

RIDGEWOOD MEDICAL dba  
219 W KINGSLEY SUITE 336  
GARLAND, TX 75041

John Doe 4

Invoice Date: 6/21/2017 12:00:02 AM

Invoice No:

Account No:

Guarantor Acc No:

Guarantor Name:

Tax ID:

Provider Name: MALPHURS, ROY

Dallas, TX

| Service Dates       | CPT Code | ICD Code       | Description  | POS    | Unit Fee | Unit | Fee     |
|---------------------|----------|----------------|--|--------|----------|------|---------|
|                     |          | E11.9          | Type 2 diabetes mellitus without complications               |        |          |      |         |
|                     |          | E78.2          | Mixed hyperlipidemia   |        |          |      |         |
|                     |          | I10            | Essential (primary) hypertension                             |        |          |      |         |
|                     |          | N40.1          | Benign prostatic hyperplasia with lower urinary tract sympto |        |          |      |         |
| 06/19/17 - 06/19/17 | 99213-SA |                | Office/outpatient visit; established patient, level 4        | Office | \$88.09  | 1.00 | \$88.09 |
| 06/19/17 - 06/19/17 | 81002-59 | no doc         | Urinalysis, nonautomated without microscopy                  | Office | \$20.00  | 1.00 | \$20.00 |
| 06/19/17 - 06/19/17 | 84153    | not done by us | Prostate specific antigen, total                             | Office | \$65.00  | 1.00 | \$65.00 |
| 06/19/17 - 06/19/17 | 82947-59 | no doc         | Glucose, quantitative, blood                                 | Office | \$16.00  | 1.00 | \$16.00 |
| 06/19/17 - 06/19/17 | 83038    | no doc         | Hemoglobin, glycosylated (A1C)                               | Office | \$25.00  | 1.00 | \$25.00 |
| 06/19/17 - 06/19/17 | 82043    | no doc         | Urine microalbumin, quantitative                             | Office | \$65.00  | 1.00 | \$65.00 |
| 06/19/17 - 06/19/17 | 36416    |                | Collection of capillary blood specimen                       | Office | \$20.00  | 1.00 | \$20.00 |

Insurance Company: Medicare

Group Number: None

Policy Number:

|                 |          |
|-----------------|----------|
| Invoice Amount  | \$297.09 |
| Co-Payment Paid | \$0.00   |
| Patient Paid    | \$0.00   |
| Patient Adj     | \$0.00   |
| Patient Deposit | \$0.00   |
| Insurance Paid  | \$0.00   |
| Insurance Adj   | \$0.00   |
| Total Payment   | \$0.00   |
| Invoice Balance | \$297.09 |

I-2

# EXHIBIT J

John Doe 5

Patient [REDACTED] called 6/23/17, complaining about being billed for an "annual physical" when he came in for a tetanus shot.

He states: I got a cut on my hand. I went to my regular doctor who told me I needed a tetanus shot but he didn't have the medicine in stock. He suggested I come to the 303 clinic because they usually do have the medicines in the clinic. I had been to the clinic a few times in the past, particularly because they are open in the evenings, and was treated well. I wasn't treated well today. When I told the first nurse what I needed and showed her my hand, I told her all I needed was the tetanus shot. She said ok, but she had to check with the doctor. She put me in another room, where I waited for my shot. Another nurse later came in and asked if she could draw some blood. I told her all I needed was a tetanus shot. She said that she could not give me the tetanus shot unless I had the blood work the doctor needed to do to make sure I wouldn't have a bad reaction to the shot. And if I was not going to follow the doctor's orders, I should just leave and quit wasting her time. So I said ok. She took a lot of blood, 3 or 4 tubes of it. About a half hour later, a doctor came in, barely checked my hand and then left. He was in the room less than 2 minutes. I then waited another half hour before getting my tetanus shot. The nurse gave me a piece of paper that she told me I had to sign. That paper is what made me mad. It said I requested an annual health screen, which I did not. I have a primary care doctor whom I use for that kind of stuff. And he did not do any kind of examination on my body as one should have for an "annual health screening". I only came in for the tetanus shot.

Patient is extremely angry and feels the "annual health screening" should not have been billed. He should only have been billed for a tetanus shot. He also feels he should not have been treated and spoken to as he was by the "nurse" (from the notes, the "nurse" is MA Maria Flores).

John Doe 5

1 of 7

/1992

Office/Outpatient Visit

Visit Date: Wed, Jun 21, 2017 08:30 am

Provider: Luis Sierra Nieves, P.A. (Supervisor: Luis Sierra Nieves, P.A.; Assistant: Maria Flores, MA)

Location: 303 MEDICAL CLINIC dba

Electronically signed by Luis Sierra Nieves, P.A. on 07/06/2017 10:47:26 AM

Printed on 08/05/2017 at 5:05 pm.

**SUBJECTIVE:**

CC:

General Visit / Patient History:

TRAVEL HISTORY - Related Infectious Disease Control: Patient HAS NOT been outside the U.S. in the last 30 days. Patient HAS NOT been in close contact with anyone who was outside the U.S. in last 30 days to the best of their knowledge..

24 year old male. . Established Patient Visit .

Specific Visit Type: \* . Annual Health Screen .

Visit for Immunizations: \* Td

HPI:

Health checkup noted. He cannot recall when he last had a physical exam. He performs testicular self-exams occasionally.

Smoking Status: Nonsmoker

HPI - Td vaccination: . OBSERVED BY: Patient . TIME OF ONSET: uncertain. Pt states that he has a cut on his right hand between his ring and pinky finger

ROS:

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for fever.

EYES: Negative for eye drainage and \* Itchy Eyes ( ).

E/N/T: Negative for ear pain, nasal congestion and sore throat.

CARDIOVASCULAR: Negative for chest pain and dizziness.

RESPIRATORY: Negative for recent cough, chronic cough and frequent wheezing.

GASTROINTESTINAL: Negative for abdominal pain.

GENITOURINARY: Negative for dysuria and history of recurrent UTIs.

MUSCULOSKELETAL: See HPI

INTEGUMENTARY: See HPI

NEUROLOGICAL: See HPI

HEMATOLOGIC/LYMPHATIC: See HPI

ENDOCRINE: See HPI

ALLERGIC/IMMUNOLOGIC: See HPI

PSYCHIATRIC: See HPI

Current Problems:

Last Reviewed on 5/22/2015 08:35 AM by Cabrales, Juanita Y

Hypertension

HTN

Morbid obesity

Immunizations:

None

Allergies:

Last Reviewed on 10/10/2015 11:46 AM by Garcia, Erika

J-2

1992

John Doe 5

2 of 7

Office/Outpatient Visit

Visit Date: Wed, Jun 21, 2017 08:30 am

Provider: Luis Sierra Nieves, P.A. (Supervisor: Luis Sierra Nieves, P.A.; Assistant: Maria Flores, MA)

Location: 303 MEDICAL CLINIC dba

Electronically signed by Luis Sierra Nieves, P.A. on 07/06/2017 10:47:26 AM

Printed on 08/05/2017 at 5:05 pm.

No Known Drug Allergies.

Current Medications:

Last Reviewed on 5/22/2015 08:35 AM by Cabrales, Juanita Y

Albuterol 0.083% Nebulizer Solution 1 vial(s) by nebulizer 3 to 4 x daily as directed

**OBJECTIVE:**

Vitals:

Current: 6/21/2017 8:31:51 AM

Ht: 5 ft, 6 in; Wt: 290 lbs; BMI: 46.8

T: 97.4 F (tympanic); BP: 130/91 mm Hg (left arm, sitting); P: 84 bpm (left arm (BP Cuff), sitting)

Exams:

GENERAL APPEARANCE: POSITIVE FOR - Obese Severe and denis SOB/CPV/IF/trauma/Diaphoresis. .

NEGATIVE FOR -Abnormal Vitals. Poor Development ., Poor Nourishment or Acute Distress

HEAD: NEGATIVE FOR - Abnormal Shape, Abnormal Size, Lesions, Lumps, Sores and Patchy Hair Loss

FACE: NEGATIVE FOR - Abnormal Contour and Symmetry, Lumps and Swelling

EYES: NEGATIVE FOR - Eyelids Erythema, Lid(s) Swollen, Eyes Watery, Exudative, Erythema of Eye and Conjunctiva Injection

NOSE: NEGATIVE: - Congestion, External Rash, Drainage, External Sores

PHARYNX / TONSILS: NEGATIVE FOR - Pharyngeal Edema, Tonsils Enlarged.. Tonsils Exudative.

MOUTH / LIPS: NEGATIVE FOR - Cold Sore/ Herpes Labialis.. Dental Abscess, gingival erythema.. gingival edema; lip edema;

RESPIRATORY: NEGATIVE /NORMAL - Normal Appearance and Symmetric expansion of chest wall ., Normal Respiration, Rate and Pattern with no distress ., Normal Auscultation with no wheezing / breath sounds.

CARDIOVASCULAR: NEGATIVE FOR -. Tachycardia, Bradycardia, Presumed Premature Contractions, Skipped/Dropped Beats, Irregular Beat Heart Murmur

SKIN/ INTEGUMENT:

\* Inspection: Positive For - small lac. at Rt. Han/no bleeding/swelling or deich.;

Negative For - Infectious Disease Eczema / Pruritic Conditions

NEUROLOGIC: NEGATIVE FOR - Difficulty following commands., Difficulty answering questions appropriately. uncoordinated voluntary movements

D DX ..

J-3

1992

John Doe 5

3 of 7

Office/Outpatient Visit

Visit Date: Wed, Jun 21, 2017 08:30 am

Provider: Luis Sierra Nieves, P.A. (Supervisor: Luis Sierra Nieves, P.A.; Assistant: Maria Flores, MA)

Location: 303 MEDICAL CLINIC dba

Electronically signed by Luis Sierra Nieves, P.A. on 07/06/2017 10:47:26 AM

Printed on 08/05/2017 at 5:05 pm.

Lab/Test Results:

## LABORATORY RESULTS:

CBC: WBC is 7.5; Hgb is 15.2; Hct is 46.5; Platelet count is 252.; Chem-28 Lab drawn- Send out- Results pending Req # SENT TO CPL#A6594256

HgbA1c: 5.3 Done by AP %; H. Pylori- Negative Done by AP Microalbumin Albumin-30 Creatinine-300 A:C ratio-30

Assessment-N/Ab Normal Thyroid Profile Lab drawn- Send out- Results pending Req # SENT TO CPL#A6594256 Done by AP

Urinalysis: (-) glucose, (-) bilirubin, (-) ketones, S.G. 1.025, (-) blood, pH 6.0, (-) protein, normal (0.2-1 EU) urobilinogen, (-) nitrite, (-) leukocyte esterase. Done by AP; Other In-House Scanned Results TESTO AND VIT.D SENT TO CPL#A6594256

Procedures:

Health checkup

\* ECG DONE BY AP

## IMMUNIZATIONS:

and TD IM, in the left upper arm LOT # A097A1 Expiration 02/28/2019 From Clinic Inventory..

## ASSESSMENT

V70.0 Z00.00 Health checkup

V06.5 Z23 Td vaccination

272.2 E78.2 Mixed hyperlipidemia

401.1 I10 Essential hypertension, benign

278.01 E66.01 Morbid obesity

## ORDERS:

Meds Prescribed:

Bactroban (Mupirocin) apply tid prn x infect. #1 (One) 30 gm tube Refills: 1

Minocycline HCl 100mg Capsules 1 po bid x infect/no alcohol/smoking/c food x 10 days/finish all. #20 (Twenty) capsule(s) Refills: 0

Zyrtec (Cetirizine HCl) 10mg Tablet 1 tab at bedtime as needed for rash/itch/allergies/dizziness driving/alcohol/smoking/sodas/energy drinks c meds. #30 (Thirty) tablet(s) Refills: 2

Lisinopril 20mg Tablet Take 1 po qd (PM) x HTN no Alcohol/Smoking/"Energy Drinks"/sodas c meds. #90 (Ninety) tablet(s) Refills: 1

Radiology/Test Orders:

71020 Radiologic examination, chest, two views, frontal and lateral (In-House)

93000 Electrocardiogram, routine with at least 12 leads; with interpretation and report (In-House)

Lab Orders:

85025 Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)

CHMPFL\* CHEM PROFILE (In-House)

J-4

1992

John Doe 5

4 of 7

Office/Outpatient Visit

Visit Date: Wed, Jun 21, 2017 08:30 am

Provider: Luis Sierra Nieves, P.A. (Supervisor: Luis Sierra Nieves, P.A.; Assistant: Maria Flores, MA)

Location: 303 MEDICAL CLINIC dba

Electronically signed by Luis Sierra Nieves, P.A. on 07/06/2017 10:47:26 AM

Printed on 08/05/2017 at 5:05 pm.

80053\*\* Comprehensive Metabolic Panel (In-House)  
 80061\*\* Lipid Panel (total cholesterol, HDL, triglycerides) (In-House)  
 82977\*\* Glutamyltransferase, gamma (GGT) (In-House)  
 83719\*\* Very low density lipoprotein cholesterol assay (In-House)  
 83721\*\* Low density lipoprotein assay (In-House)  
 84100\*\* Phosphorus, inorganic (In-House)  
 84550\*\* Uric acid (In-House)  
 83615\*\* Lactate dehydrogenase (In-House)  
 83036 Hemoglobin, glycosylated (A1C) (In-House)  
 86677 Helicobacter pylori antibody (In-House)  
 84153S Prostate specific antigen, total (In-House)  
 82274 Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous (Send-Out; Billable)  
 84403S Testosterone, total (In-House)  
 TPANEL\* Thyroid Panel (TSH, T3 TL, T3 UP, T4/FREE, T7 CALC) (In-House)  
 84480\*\* Triiodothyronine T3, total (In-House)  
 84479\*\* Thyroid Hormone Uptake (T3) (In-House)  
 84436\*\* T4 Thyroxine, total (In-House)  
 84443\*\* Thyroid stimulating hormone (TSH) (In-House)  
 81002 Urinalysis, nonautomated without microscopy (In-House)  
 82043 Urine microalbumin, quantitative (In-House)  
 82306S VITAMIN D, 25 HYDROXY IN HOUSE (In-House)

Procedures Ordered:

90718 Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for (In-House)

Other Orders:

BOCCULT OCCULT BLOOD FECES KIT FOR PATIENT TO TAKE HOME (In-House)

**PLAN:**

Health checkup

LABORATORY:

CBC.

CHEM PROFILE INCLUDING LABS LISTED BELOW:

COMPREHENSIVE METABOLIC PANEL

LIPID PANEL

GGT

VLDL

LDL

PHOSPHORUS

URIC ACID

LDH...

H. Pylori.

PSA.

on 8/24/10?

Occult Blood, Feces - Occult Blood, Feces Test given to Patient to collect sample and return to clinic for results.

TESTOSTERONE TTL.

J-5

John Doe 5

11992

5 of 7

Office/Outpatient Visit

Visit Date: Wed, Jun 21, 2017 08:30 am

Provider: Luis Sierra Nieves, P.A. (Supervisor: Luis Sierra Nieves, P.A.; Assistant: Maria Flores, MA)

Location: 303 MEDICAL CLINIC dba

Electronically signed by Luis Sierra Nieves, P.A. on 07/06/2017 10:47:26 AM

Printed on 08/05/2017 at 5:05 pm.

THYROID PANEL INCLUDING LABS LISTED BELOW:

T3 TOTAL

T3 UPTAKE

T4 THYROXINE TTL

T7 CALC.

TSH

Urinalysis (non automated, w/o microscopy).

Urine Microalbumin.

Vitamin D, 25 Hydroxy.

HgbA1C

RADIOLOGY:

Chest Xray (AP & Lat)

Medications: - Zyrtec, - Anti-Bacterial Creams Bactroban, and - Lisinopril

MEDICATIONS: I will prescribe Minocycline.

RECOMMENDATIONS

Advised to stop drinking alcohol. (Spanish Printed)

Drink lots of water. (Spanish Printed)

Discussed importance of Diet, Exercise and Medication Compliance. (Spanish Printed) Multivitamin

No greasy, spicy or fatty foods. No alcohol. (Spanish Printed)

Low Fat Low Glycemic Index Diet given and reviewed with patient. (Spanish Printed) No Sodas / Soft Drinks Don't Stop take

Meds as directed Monitor Blood Pressure No Smoking Do Not Hold Urine.

FOLLOW UP:

In 3-5 days for laboratory review.

\* If patient gets worse go to ER

\* Recheck in 90 days for Lab Work

\*

..

Prescriptions:

Bactroban (Mupirocin) apply tid prn x infect. #1 (One) 30 gm tube Refills: 1

Minocycline HCl 100mg Capsules 1 po bid x infect/no alcohol/smoking/c food x 10 days/finish all. #20 (Twenty) capsule(s)  
Refills: 0

Zyrtec (Cetirizine HCl) 10mg Tablet 1 tab at bedtime as needed for rash/itch/allergies/dizzyno  
driving/alcohol/smoking/sodas/energy drinks c meds. #30 (Thirty) tablet(s) Refills: 2

Lisinopril 20mg Tablet Take 1 po qd (PM) x HTN no Alcohol/Smoking/"Energy Drinks"/sodas c meds. #90 (Ninety) tablet(s)  
Refills: 1

Orders:

Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)

CHEM PROFILE (In-House)

Comprehensive Metabolic Panel (In-House)

Lipid Panel (total cholesterol, HDL, triglycerides) (In-House)

Glutamate transferase, gamma (GGT) (In-House)

Very low density lipoprotein cholesterol assay (In-House)

Low density lipoprotein assay (In-House)

Phosphorus, inorganic (In-House)

Uric acid (In-House)

J-6

John Doe 5

/1992

6 of 7

Office/Outpatient Visit

Visit Date: Wed, Jun 21, 2017 08:30 am

Provider: Luis Sierra Nieves, P.A. (Supervisor: Luis Sierra Nieves, P.A.; Assistant: Maria Flores, MA)

Location: 303 MEDICAL CLINIC dba

Electronically signed by Luis Sierra Nieves, P.A. on 07/06/2017 10:47:26 AM

Printed on 08/05/2017 at 5:05 pm.

Lactate dehydrogenase (In-House)

Hemoglobin: glycosylated (A1C) (In-House)

Helicobacter pylori antibody (In-House)

Prostate specific antigen, total (In-House)

Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous (Send-Out; Billable)

OCCULT BLOOD FECES KIT FOR PATIENT TO TAKE HOME (In-House)

Testosterone: total (In-House)

Thyroid Panel (TSH, T3 TL, T3 UP, T4/FREE, T7 CALC) (In-House)

Triiodothyronine T3: total (In-House)

Thyroid Hormone Uptake (T3) (In-House)

T4 Thyroxine, total (In-House)

Thyroid stimulating hormone (TSH) (In-House)

Urinalysis, nonautomated without microscopy (In-House)

Urine microalbumin, quantitative (In-House)

VITAMIN D, 25 HYDROXY IN HOUSE (In-House)

Radiologic examination, chest, two views, frontal and lateral (In-House)

Electrocardiogram, routine with at least 12 leads; with interpretation and report (In-House)

Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for (In-House)

## Diagnosis and Procedure Summary

### Primary Diagnosis:

V70.0 Health checkup

Z00.00 Encounter for general adult medical examination without abnormal findings - *examination?*

### Orders:

85025 Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)

CHMPFL\* CHEM PROFILE (In-House)

80053\*\* Comprehensive Metabolic Panel (In-House)

80061\*\* Lipid Panel (total cholesterol, HDL, triglycerides) (In-House)

82977\*\* Glutamyltransferase, gamma (GGT) (In-House)

83719\*\* Very low density lipoprotein cholesterol assay (In-House)

83721\*\* Low density lipoprotein assay (In-House)

84100\*\* Phosphorus, inorganic (In-House)

84550\*\* Uric acid (In-House)

83615\*\* Lactate dehydrogenase (In-House)

83036 Hemoglobin: glycosylated (A1C) (In-House)

86677 Helicobacter pylori antibody (In-House)

84153S Prostate specific antigen, total (In-House)

82274 Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous (Send-Out; Billable)

BOCCULT OCCULT BLOOD FECES KIT FOR PATIENT TO TAKE HOME (In-House)

84403S Testosterone, total (In-House)

TPANEL\* Thyroid Panel (TSH, T3 TL, T3 UP, T4/FREE, T7 CALC) (In-House)

84480\*\* Triiodothyronine T3: total (In-House)

J-7

John Doe 5

7 of 7

1992

Office/Outpatient Visit

Visit Date: Wed, Jun 21, 2017 08:30 am

Provider: Luis Sierra Nieves, P.A. (Supervisor: Luis Sierra Nieves, P.A.; Assistant: Maria Flores, MA)

Location: 303 MEDICAL CLINIC dba

Electronically signed by Luis Sierra Nieves, P.A. on 07/06/2017 10:47:26 AM

Printed on 08/05/2017 at 5:05 pm.

84479\*\* Thyroid Hormone Uptake (T3) (In-House)

84436\*\* T4 Thyroxine, total (In-House)

84443\*\* Thyroid stimulating hormone (TSH) (In-House)

81002 Urinalysis, nonautomated without microscopy (In-House)

82043 Urine microalbumin, quantitative (In-House)

82306S VITAMIN D, 25 HYDROXY IN HOUSE (In-House)

71020 Radiologic examination, chest, two views, frontal and lateral (In-House)

93000 Electrocardiogram, routine with at least 12 leads; with interpretation and report (In-House)

90718 Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for (In-House)

V06.5 Td vaccination

Z23 Encounter for immunization

272.2 Mixed hyperlipidemia

E78.2 Mixed hyperlipidemia

401.1 Essential hypertension, benign

I10 Essential (primary) hypertension

278.01 Morbid obesity

E66.01 Morbid (severe) obesity due to excess calories

Invoice Addendum: 06/22/2017 02:00 PM

Replaced 99395 Mod1 with 25

Replaced 99395 Mod2 with SA

Replaced 85025 Mod1 with 59

Replaced 99213 Mod1 with 25

Replaced 99213 Mod2 with SA

# **EXHIBIT K**

Jane Doe 4

/2008

1 of 5

Office/Outpatient Visit

Visit Date: Tue, Nov 22, 2016 08:42 am

Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)

Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 12/01/2016 07:44:09 PM

Printed on 08/23/2017 at 6:17 pm.

**SUBJECTIVE:**

CC: pt her for rash to face, the pt was play with so other kids that had this and notice it several days later.

General Visit / Patient History:

Last Menstrual Cycle: Date: Unknown Her current contraceptive method is none. ...

TRAVEL HISTORY - Related Infectious Disease Control: Patient HAS NOT been outside the U.S. in the last 30 days. Patient HAS NOT been in close contact with anyone who was outside the U.S. in last 30 days to the best of their knowledge..

8 year 1 month old female. Established Patient Visit.

Chief Complaints Today: \* Rash

HPI:

HPI - Rash: TIME OF ONSET: 1 week ago. FREQUENCY OF SYMPTOMS: Every few minutes. EPISODE DURATION: quite variable. SEVERITY: mild. REMEDIES TRIED: Benadryl. ASSOCIATED SYMPTOMS: itching. Patient has patches of rashes on face, she states she was holding cats and dogs a wk ago and doesn't know if that's why she got them.

RQS:REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for: failure to thrive, \* Fatigue, \* Fever.

EYES: Negative for: \*\* Eye Drainage, \* Itchy Eyes ( ).

E/N/T: Negative for: \*\* Ear Pain, \* Nasal Congestion, \* Sore Throat.

CARDIOVASCULAR: See HPI

RESPIRATORY: Negative for: \*\* Recent Cough, \* Chronic Cough, \* Dyspnea, \* Frequent Wheezing.

GASTROINTESTINAL: Negative for: \*\* Abdominal Pain, constipation, diarrhea, nausea, vomiting, odynophagia.

GENITOURINARY: Negative for: \* diaper rash, dysuria, enuresis, vaginal itching.

MUSCULOSKELETAL: See HPI

INTEGUMENTARY/BREAST: See HPI

NEUROLOGICAL: See HPI

HEMATOLOGIC/LYMPHATIC: See HPI

ENDOCRINE: See HPI

ALLERGIC/IMMUNOLOGIC: See HPI

PSYCHIATRIC: See HPI

PMH/FMH/SH:

Last Reviewed on 11/22/2016 08:46 AM by Vargas, Haide

Past Medical History:

PMH Specifically negative for Asthma, Cancer, Diabetes, Heart disease, Hypertension, and Migraines

Surgical History:

Appendectomy

Family History:

Unremarkable

Jane Doe 4

2008

2 of 5

Office/Outpatient Visit

Visit Date: Tue, Nov 22, 2016 08:42 am

Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)

Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 12/01/2016 07:44:09 PM

Printed on 08/23/2017 at 6:17 pm.

Social History:

No exposure to tobacco smoke.

Currently in Grade School. ( 1st grade )

Tobacco/Alcohol/Supplements:

Last Reviewed on 11/22/2016 08:46 AM by Vargas, Haide

Tobacco: Nonsmoker (never smoked);

Alcohol: Does not drink alcohol and never has.

Caffeine: She admits to consuming caffeine via soda and chocolate.

Substance Abuse History:

Last Reviewed on 11/22/2016 08:46 AM by Vargas, Haide

NEGATIVE

Mental Health History:

Last Reviewed on 11/22/2016 08:46 AM by Vargas, Haide

NEGATIVE

Communicable Diseases (eg STDs):

Last Reviewed on 11/22/2016 08:46 AM by Vargas, Haide

Reportable health conditions; NEGATIVE

Current Problems:

Last Reviewed on 11/22/2016 08:46 AM by Vargas, Haide

Fever, unspecified

Rash

Enterobiasis

Immunizations:

None

Allergies:

Last Reviewed on 11/22/2016 08:46 AM by Vargas, Haide

No Known Drug Allergies.

Current Medications:

Last Reviewed on 11/22/2016 08:46 AM by Vargas, Haide

None

**OBJECTIVE:**

Vitals:

Current: 11/22/2016 8:49:12 AM

Ht: 4 ft. 3 in (57.08%); Wt: 93.8 lbs (98.49%); BMI: 25.4 (98.90%)

Jane Doe 4

11/2008

3 of 5

Office/Outpatient Visit  
Visit Date: Tue, Nov 22, 2016 08:42 am  
Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)  
Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 12/01/2016 07:44:09 PM  
Printed on 08/23/2017 at 6:17 pm.

T: 97.1 F (tympenic); P: 90 bpm (finger clip, sitting)  
O2 Sat: 97 %

Exams:

HEAD: NEGATIVE FOR - Abnormal Shape, Abnormal Size, Lesions, Lumps, Sores and Patchy Hair Loss

FACE: NEGATIVE FOR - Abnormal Contour and Symmetry, Lumps and Swelling

EYES: NEGATIVE FOR - Eyelids Erythema, Lid(s) Swollen, Eyes Watery, Exudative, Erythema of Eye and Conjunctiva Injection

NOSE: NEGATIVE - Congestion, External Rash, Drainage, External Sores

PHARYNX / TONSILS: NEGATIVE FOR - Pharyngeal Edema, Tonsils Enlarged, Tonsils Exudative.

MOUTH / LIPS: NEGATIVE FOR - Cold Sore/ Herpes Labialis, Dental Abscess, gingival erythema, gingival edema, lip edema.

RESPIRATORY: NEGATIVE / NORMAL - Normal Appearance and Symmetric expansion of chest wall, Normal Respiration, Rate and Pattern with no distress, Normal Auscultation with no wheezing / breath sounds.

CARDIOVASCULAR: POSITIVE FOR -  
NEGATIVE FOR -Tachycardia, Bradycardia, Presumed Premature Contractions, Skipped/Dropped Beats, Irregular Beat Heart Murmur

GASTROINTESTINAL: POSITIVE FOR -  
NEGATIVE FOR -Tenderness in RUQ, Tenderness in RLQ, Tenderness in LUQ, Tenderness in LLQ Epigastric Tenderness

MUSCULOSKELETAL: Gait- Walks without assist devices- Cane, Walker, Wheelchair Musculoskeletal- Gross exam shows no obvious kyphosis or scoliosis. No obvious joint or limb deformities.

SKIN/ INTEGUMENT:

\* Inspection: Positive For - a rash is noted on the face, the color is mainly salmon; it is best characterized as urticarial;  
Negative For - Infectious Disease urticaria but *Dx Tinea C.?*

NEUROLOGIC: NEGATIVE FOR - Difficulty following commands, Difficulty answering questions appropriately, uncoordinated voluntary movements

DDX

Procedures:

Rash - *tipical*  
Rocephin 125 mg IM, in the Right Gluteus combined with Lidocaine HCl 1% mr  
*w/ Q3, 31b's*

Jane Doe 4

5/2008

4 of 5

Office/Outpatient Visit

Visit Date: Tue, Nov 22, 2016 08:42 am

Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)

Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 12/01/2016 07:44:09 PM

Printed on 08/23/2017 at 6:17 pm.

**ASSESSMENT:****110.5 Tinea corporis**described as unhealed  
+ no fungus infection?

R grifulvin 125/5

782.1 Rash

described as unhealed

Ketoconazole

Bactrim susp.

wrong dose.

**ORDERS:**Meds Prescribed:

grifulvin 125/5 suspension\* 125mg/5ml 2 tsp po q d x 10 days #100 (One Hundred) ml Refills: 0

Ketoconazole 2% Cream Apply small amount to affected area twice daily #85 (Eighty Five) gm Refills: 3

Trimethoprim/Sulfamethoxazole 40mg/200mg per 5ml Oral Suspension 2 tsp po bid for 10 days #200 (Two Hundred) ml

Refills: 0

child 93.8 lbs  
wtsProcedures Ordered:

Rocephin 125mg (reduced service) (In-House)

96372 Injection Administration (Intramuscular) (In-House)

**PLAN:**

Rash

RECOMMENDATIONS Don't Stop take Meds as directed.

FOLLOW UP:

In 1 day for repeat injection

Prescriptions:

grifulvin 125/5 suspension\* 125mg/5ml 2 tsp po q d x 10 days #100 (One Hundred) ml Refills: 0

Ketoconazole 2% Cream Apply small amount to affected area twice daily #85 (Eighty Five) gm Refills: 3

Trimethoprim/Sulfamethoxazole 40mg/200mg per 5ml Oral Suspension 2 tsp po bid for 10 days #200 (Two Hundred) ml

Refills: 0

Orders:

Rocephin 125mg (reduced service) (In-House)

Injection Administration (Intramuscular) (In-House)

For? child weighs nearly 100 lbs

**Diagnosis and Procedure Summary:**Primary Diagnosis:

Jane Doe 4

/2008

5 of 5

Office/Outpatient Visit

Visit Date: Tue, Nov 22, 2016 08:42 am

Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)

Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 12/01/2016 07:44:09 PM

Printed on 08/23/2017 at 6:17 pm.

110.5 Tinea corporis

B35.4 Tinea corporis

Orders:

782.1 Rash

R21 Rash and other nonspecific skin eruption

Orders:

J0696\* Rocephin 125mg (reduced service) (In-House)

96372 Injection Administration (Intramuscular) (In-House)

Invoice Addendum: 11/22/2016 02:39 PM

Replaced 99213 Mod1 with 25

Replaced 99213 Mod2 with SA

Replaced J0696\* Mod1 with 52

Jane Doe 4

2008

1 of 6

Office/Outpatient Visit  
 Visit Date: Thu, Mar 30, 2017 10:35 am  
 Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)  
 Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 04/06/2017 08:59:20 PM  
 Printed on 08/23/2017 at 6:18 pm.

**SUBJECTIVE:**

CC: pt here for nausea, vomiting and diarrhea. pt stated she eat lots of hot cheetos. pt has a low grade temp.

General Visit / Patient History:

Last Menstrual Cycle: Date: Unknown Her current contraceptive method is none. ....

TRAVEL HISTORY - Related Infectious Disease Control: Patient HAS NOT been outside the U.S. in the last 30 days. Patient HAS NOT been in close contact with anyone who was outside the U.S. in last 30 days to the best of their knowledge..

8 year 6 month old female. . Established Patient Visit .

Chief Complaints Today: \* Abdominal Pain: \* Vomiting

HPI:

HPI - Generalized abdominal pain: . TIME OF ONSET: 3 days ago. . FREQUENCY OF SYMPTOMS:  
 Every few minutes. . EPISODE DURATION: quite variable. . SEVERITY: mild. . REMEDIES TRIED: None PATIENTS MOM  
 STATES SHE EATS ALOT OF HOT CHEETOS

HPI - Nausea and vomiting: . TIME OF ONSET: yesterday. . FREQUENCY OF SYMPTOMS:  
 Every few minutes. . EPISODE DURATION: quite variable. . SEVERITY: mild. . REMEDIES TRIED: None

RQS:REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for: failure to thrive, \* Fatigue, \* Fever.

EYES: Negative for: \*\* Eye Drainage, \* Itchy Eyes ( ).

E/N/T: Negative for \*\* Ear Pain, \* Nasal Congestion, \* Sore Throat.

CARDIOVASCULAR: See HPI

RESPIRATORY: Negative for \*\* Recent Cough, \* Chronic Cough, \* Dyspnea, \* Frequent Wheezing.

GASTROINTESTINAL: Positive for \*\* Abdominal Pain, vomiting

. Negative for \* constipation, diarrhea, nausea, odynophagia.

GENITOURINARY: Negative for \* diaper rash, dysuria, enuresis, vaginal itching.

MUSCULOSKELETAL: See HPI

INTEGUMENTARY/BREAST: See HPI

NEUROLOGICAL: See HPI

HEMATOLOGIC/LYMPHATIC: See HPI

ENDOCRINE: See HPI

ALLERGIC/IMMUNOLOGIC: See HPI

PSYCHIATRIC: See HPI

PMH/FMH/SH:

Last Reviewed on 3/30/2017 10:35 AM by Vargas, Haide

Past Medical History:

PMH Specifically negative for Asthma, Cancer, Diabetes, Heart disease, Hypertension, and Migraines

Surgical History:

Jane Doe 4

/2008

2 of 6

Office/Outpatient Visit

Visit Date: Thu, Mar 30, 2017 10:35 am

Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)

Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 04/06/2017 08:59:20 PM

Printed on 08/23/2017 at 6:18 pm.

Appendectomy

Family History:

Unremarkable

Social History:

No exposure to tobacco smoke.

Currently in Grade School. ( 1st grade )

Tobacco/Alcohol/Supplements:

Last Reviewed on 3/30/2017 10:35 AM by Vargas, Haide

Tobacco: Nonsmoker (never smoked);

Alcohol: Does not drink alcohol and never has.

Caffeine: She admits to consuming caffeine via soda and chocolate.

Substance Abuse History:

Last Reviewed on 3/30/2017 10:35 AM by Vargas, Haide

NEGATIVE

Mental Health History:

Last Reviewed on 3/30/2017 10:35 AM by Vargas, Haide

NEGATIVE

Communicable Diseases (eg STDs):

Last Reviewed on 3/30/2017 10:35 AM by Vargas, Haide

Reportable health conditions: NEGATIVE

Current Problems:

Last Reviewed on 3/30/2017 10:35 AM by Vargas, Haide

Fever, unspecified

Nausea and vomiting

Generalized abdominal pain

Acute upper respiratory infection of multiple sites

Tinea corporis

Enterobiasis

Immunizations:

None

Allergies:

Last Reviewed on 3/30/2017 10:35 AM by Vargas, Haide

No Known Drug Allergies.

Current Medications:

Last Reviewed on 3/30/2017 10:35 AM by Vargas, Haide

None

Jane Doe 4

/2008

3 of 6

Office/Outpatient Visit  
Visit Date: Thu, Mar 30, 2017 10:35 am  
Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)  
Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 04/06/2017 08:59:20 PM  
Printed on 08/23/2017 at 6:18 pm.

## OBJECTIVE:

### Vitals:

Current: 3/30/2017 10:38:15 AM

Ht: 4 ft. 3 in (44.26%); Wt: 100 lbs (98.63%); BMI: 27.0 (99.15%)  
T: 99.6 F (tympanic); P: 96 bpm (finger clip, sitting)  
O2 Sat: 99 %

### Exams:

HEAD: NEGATIVE FOR - Abnormal Shape, Abnormal Size, Lesions, Lumps, Sores and Patchy Hair Loss

FACE: NEGATIVE FOR - Abnormal Contour and Symmetry, Lumps and Swelling

EYES: NEGATIVE FOR - Eyelids Erythema, Lid(s) Swollen, Eyes Watery, Exudative, Erythema of Eye and Conjunctiva Injection

NOSE: NEGATIVE: - Congestion, External Rash, Drainage, External Sores

PHARYNX/ TONSILS: NEGATIVE FOR - Pharyngeal Edema, Tonsils Enlarged, Tonsils Exudative.

MOUTH / LIPS: NEGATIVE FOR - Cold Sore/ Herpes Labialis, Dental Abscess, gingival erythema, gingival edema, lip edema.

RESPIRATORY: NEGATIVE /NORMAL - Normal Appearance and Symmetric expansion of chest wall, Normal Respiration, Rate and Pattern with no distress, Normal Auscultation with no wheezing / breath sounds.

CARDIOVASCULAR: POSITIVE FOR -  
NEGATIVE FOR -Tachycardia, Bradycardia, Presumed Premature Contractions, Skipped/Dropped Beats, Irregular Beat Heart Murmur

GASTROINTESTINAL: POSITIVE FOR - *abdominal pain is chief complaint*  
NEGATIVE FOR -Tenderness in RUQ, Tenderness in RLQ, Tenderness in LUQ, Tenderness in LLQ Epigastric Tenderness

MUSCULOSKELETAL: Gait- Walks without assist devices- Cane, Walker, Wheelchair Musculoskeletal- Gross exam shows no obvious kyphosis or scoliosis. No obvious joint or limb deformities. *in this child*

NEUROLOGIC: NEGATIVE FOR - Difficulty following commands, Difficulty answering questions appropriately, uncoordinated voluntary movements

D DX

### Lab/Test Results:

Jane Doe 4

/2008

4 of 6

Office/Outpatient Visit

Visit Date: Thu, Mar 30, 2017 10:35 am

Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)

Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 04/06/2017 08:59:20 PM

Printed on 08/23/2017 at 6:18 pm.

LABORATORY RESULTS:

CBC: Results Scanned [REDACTED] Chem-28 Lab drawn- Send out- Results pending Req # cpl

Glucose (glucometer): 84, fasting [REDACTED]

HgbA1c: 5.1 Done by et %:

Urinalysis: Results Scanned by et;

Procedures:

Generalized abdominal pain

Rocephin 500 mg IM, in the Left Gluteus combined with Lidocaine HCl 1% et

**ASSESSMENT:**

V20.2 Well child check (WCC)

789.07 Generalized abdominal pain

787.01 Nausea and vomiting

009.0 Gastroenteric infection

**ORDERS:**

pt is 100 lbs

Meds Prescribed:

Refill of: Acetaminophen 160mg/5ml Oral Liquid 1 tsp po q 6/8 hrs prn fever/pain #4 (Four) oz Refills: 1

Refill of: Trimethoprim/Sulfamethoxazole 40mg/200mg per 5ml Oral Suspension 2 tsp po bid for 10 days #200 (Two Hundred) ml Refills: 0 Underdose 1 tsp per 20 lbs = 57.5 mg daily

Promethazine HCl 6.25mg/5ml Syrup 1 tsp po q 8 hrs prn n/v #4 (Four) oz Refills: 0 1-12.5 mg b/d 12.5 mg

Lab Orders:

85025 Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)

CHMPFL\* CHEM PROFILE (In-House)

80053\*\* Comprehensive Metabolic Panel (In-House)

80061\*\* Lipid Panel (total cholesterol, HDL, triglycerides) (In-House)

82977\*\* Glutamate transferase, gamma (GGT) (In-House)

83719\*\* Very low density lipoprotein cholesterol assay (In-House)

83721\*\* Low density lipoprotein assay (In-House)

84100\*\* Phosphorus, inorganic (In-House)

84550\*\* Uric acid (In-House)

83615\*\* Lactate dehydrogenase (In-House)

82947 Glucose, quantitative, blood (In-House)

83036 Hemoglobin: glycosylated (A1C) (In-House)

81002 Urinalysis, nonautomated without microscopy (In-House)

Procedures Ordered:

J0696\*\* Rocephin 500 mg (250 X 2) (In-House) (x2)

96372 Injection Administration (Intramuscular) (In-House)

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Jane Doe 4

/2008

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Office/Outpatient Visit  
Visit Date: Thu, Mar 30, 2017 10:35 am  
Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)  
Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 04/06/2017 08:59:20 PM  
Printed on 08/23/2017 at 6:18 pm.

## PLAN:

Well child check (WCC)

### Prescriptions:

Refill of: Acetaminophen 160mg/5ml Oral Liquid 1 tsp po q 6/8 hrs prn fever/pain #4 (Four) oz Refills: 1  
Refill of: Trimethoprim/Sulfamethoxazole 40mg/200mg per 5ml Oral Suspension 2 tsp po bid for 10 days #200 (Two Hundred)  
ml Refills: 0  
Promethazine HCl 6.25mg/5ml Syrup 1 tsp po q 8 hrs prn n/v #4 (Four) oz Refills: 0

Generalized abdominal pain

LABORATORY...

CBC.

CHEM PROFILE INCLUDING LABS LISTED BELOW:

COMPREHENSIVE METABOLIC PANEL

LIPID PANEL

GGT

VLDL

LDL

PHOSPHORUS

URIC ACID

LDH...

Glucose, quantitative, blood...

Urinalysis (non automated, w/o microscopy).

HgbA1C

### RECOMMENDATIONS

Low Fat Low Glycemic Index Diet given and reviewed with patient. (Spanish Printed).

### FOLLOW UP:

In 1 day for repeat injection

\*

..

### Orders:

Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)  
CHEM PROFILE (In-House)  
Comprehensive Metabolic Panel (In-House)  
Lipid Panel (total cholesterol, HDL, triglycerides) (In-House)  
Glutamyltransferase, gamma (GGT) (In-House)  
Very low density lipoprotein cholesterol assay (In-House)  
Low density lipoprotein assay (In-House)  
Phosphorus, inorganic (In-House)  
Uric acid (In-House)  
Lactate dehydrogenase (In-House)  
Glucose, quantitative, blood (In-House)  
Hemoglobin, glycosylated (A1C) (In-House)

Jane Doe 4

/2008

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Office/Outpatient Visit

Visit Date: Thu, Mar 30, 2017 10:35 am

Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)

Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 04/06/2017 08:59:20 PM

Printed on 08/23/2017 at 6:18 pm.

Urinalysis, nonautomated without microscopy (In-House)

Rocephin 500 mg (250 X 2) (In-House) (x2)

Injection Administration (Intramuscular) (In-House)

## Diagnosis and Procedure Summary:

### Primary Diagnosis:

V20.2 Well child check (WCC)

Z00.129 Encounter for routine child health examination without abnormal findings

### Orders:

789.07 Generalized abdominal pain

R10.84 Generalized abdominal pain

### Orders:

85025 Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)

CHMPFL\* CHEM PROFILE (In-House)

80053\*\* Comprehensive Metabolic Panel (In-House)

80061\*\* Lipid Panel (total cholesterol, HDL, triglycerides) (In-House)

82977\*\* Glutamyltransferase, gamma (GGT) (In-House)

83719\*\* Very low density lipoprotein cholesterol assay (In-House)

83721\*\* Low density lipoprotein assay (In-House)

84100\*\* Phosphorus, inorganic (In-House)

84550\*\* Uric acid (In-House)

83615\*\* Lactate dehydrogenase (In-House)

82947 Glucose, quantitative, blood (In-House)

83036 Hemoglobin, glycosylated (A1C) (In-House)

81002 Urinalysis, nonautomated without microscopy (In-House)

J0696\*\* Rocephin 500 mg (250 X 2) (In-House) (x2)

96372 Injection Administration (Intramuscular) (In-House)

787.01 Nausea and vomiting

R11.2 Nausea with vomiting, unspecified

009.0 Gastroenteric infection

R19.7 Diarrhea, unspecified

# **EXHIBIT L**

Jane Doe 5

1/1956

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Office/Outpatient Visit

Visit Date: Wed, Aug 23, 2017 03:37 pm

Provider: Micheal Mendez, P.A. (Supervisor: Bruce Wardlaw, DO)

Location: SOUTHSIDE MEDICAL DBA

Electronically signed by Micheal Mendez, P.A. on 08/28/2017 08:11:55 AM

Printed on 08/29/2017 at 3:34 pm.

**SUBJECTIVE:**CC:

General Visit / Patient History:

Last Menstrual Cycle: Date: 2011. . Patient Denies Having Hysterectomy. . Patient claims to be menopausal for 7 year(s).

Her current contraceptive method is none. . . .

TRAVEL HISTORY - Related Infectious Disease Control: Patient has been outside the U.S. in the last 30 days. Patient was in Mexico. Patient HAS NOT been in close contact with anyone who was outside the U.S. in last 30 days to the best of their knowledge.

61 year old female. Established Patient Visit

HPI:*pt got a physical + didn't know it.  
Dr. tried - pt refused.*HPI - Dizziness: . OBSERVED BY: Patient . TIME OF ONSET: 4 days ago . FREQUENCY OF SYMPTOMS: This is first episode. . EPISODE DURATION: the majority of the day. . ASSOCIATED SYMPTOMS: nausea and stomachache.ROS:

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for: \* Fever.

EYES: Negative for: \*\* Itchy Eyes ( ).

E/N/T: Negative for \*\* Ear Pain, \* Nasal Congestion, \* Sore Throat.

CARDIOVASCULAR: Negative for \*\* Chest Pain, \* Dizziness.

RESPIRATORY: Negative for \*\* Recent Cough, \* Chronic Cough, \* Frequent Wheezing.

GASTROINTESTINAL: Negative for \*\* Abdominal Pain, nausea, vomiting. ?

GENITOURINARY: Negative for \* dysuria, \* frequent urination, vaginal discharge.

Current Problems:

Last Reviewed on 6/30/2012 12:43 PM by Garza, Gabriela

Vitamin D deficiency, unspecified

Hematuria, unspecified

Dizziness

Osteoarthritis involving several sites, multiple sites

Hypertension

Mixed hyperlipidemia

Essential hypertension

Immunizations

None

Allergies:

Last Reviewed on 11/25/2016 11:12 AM by Perez, Maria V

No Known Drug Allergies.

Current Medications:

Last Reviewed on 11/25/2016 11:17 AM by Perez, Maria V

L-1

*6 mios?*

Jane Doe 5

1956

2 of 5

Office/Outpatient Visit

Visit Date: Wed, Aug 23, 2017 03:37 pm

Provider: Micheal Mendez, P.A. (Supervisor: Bruce Wardlay, DO)

Location: SOUTHSIDE MEDICAL DBA

Electronically signed by Micheal Mendez, P.A. on 08/28/2017 08:11:55 AM

Printed on 08/29/2017 at 3:34 pm.

None

**OBJECTIVE:**Vitals:Current: 8/23/2017 3:42:05 PM

Ht: 5 ft. 2 in; Wt: 177.6 lbs; BMI: 32.5

T: 98.7 F (tympanic); BP: 140/70 mm Hg (left arm, sitting); P: 60 bpm (finger clip, sitting)

O2 Sat: 95 %

Exams:

GENERAL: NEGATIVE FOR - Abnormal Vitals, Poor Development, Poor Nourishment and Acute Distress

HEAD: NEGATIVE FOR - Abnormal Shape, Abnormal Size, Lesions, Lumps, Sores and Patchy Hair Loss

FACE: NEGATIVE FOR - Abnormal Contour and Symmetry, Lumps and Swelling

EYES: NEGATIVE FOR - Eyelids Erythema, Lid(s) Swollen, Eyes Watery, Exudative, Erythema of Eye and Conjunctiva Injection

EARS: NEGATIVE FOR - Rash or Sores on Externa, Ear Canal(s) Swollen and Red, Ear Canal Edematous, Ear Canal Drainage, Erythematous, Excessive Wax, FB in Canal, Left Tympanic Membrane Normal, Right Tympanic Membrane Normal

NOSE: NEGATIVE: - Congestion, External Rash, Drainage, External Sores

PHARYNX / TONSILS: NEGATIVE FOR - Pharyngeal Edema, Tonsils Enlarged, Tonsils Exudative.

MOUTH / LIPS: NEGATIVE FOR - Cold Sore/ Herpes Labialis, Dental Abscess, gingival erythema, gingival edema; lip edema;

RESPIRATORY: NEGATIVE / NORMAL - Normal Appearance and Symmetric expansion of chest wall, Normal Respiration, Rate and Pattern with no distress, Normal Auscultation with no wheezing / breath sounds.

CARDIOVASCULAR: POSITIVE FOR -

NEGATIVE FOR - Tachycardia, Bradycardia, Presumed Premature Contractions, Skipped/Dropped Beats, Irregular Beat Heart Murmur

GASTROINTESTINAL: POSITIVE FOR -

NEGATIVE FOR - Tenderness in RUQ, Tenderness in RLQ, Tenderness in LUQ, Tenderness in LLQ Epigastric Tenderness

MUSCULOSKELETAL: Gait- Walks without assist devices- Cane, Walker, Wheelchair Musculoskeletal- Gross exam shows no obvious kyphosis or scoliosis. No obvious joint or limb deformities.

SKIN:

NEUROLOGIC: POSITIVE FOR - perla, eomi, cn 2-12 intact, neg pronator drift, neg rhomberg, positive dix-hallpike test;

L-2

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Jane Doe 5

1956

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Office/Outpatient Visit

Visit Date: Wed, Aug 23, 2017 03:37 pm

Provider: Micheal Mendez, P.A. (Supervisor: Bruce Wardlay, DO)

Location: SOUTHSIDE MEDICAL DBA

Electronically signed by Micheal Mendez, P.A. on 08/28/2017 08:11:55 AM

Printed on 08/29/2017 at 3:34 pm.

NEGATIVE FOR - Difficulty following commands., Difficulty answering questions appropriately, uncoordinated voluntary movements

PSYCHIATRIC: NEGATIVE FOR - abnormal mood and affect

Procedures:

Annual physical

Rocephin 500 mg IM, in the Left Gluteus combined with Lidocaine hCl 1% done by EC

See ?

## ASSESSMENT

V70.0 Z00.00 Annual physical

386.11 H81.13 BPPV

272.2 E78.2 Mixed hyperlipidemia

715.89 M15.3 M15.8 Osteoarthritis involving several sites, multiple sites

401.1 I10 Essential hypertension

268.9 E55.9 Vitamin D deficiency, unspecified

## ORDERS:

Meds Prescribed:

Doxycycline Monohydrate 100mg Capsules Take 1 capsule(s) by mouth bid #14 (Fourteen) capsule(s) Refills: 0

Meclizine HCl 25mg Tablet take 1 tablet every 8 hrs as needed for dizziness #25 (Twenty Five) tablet(s) Refills: 0

Omega 3 fatty acids 1,000mg Capsules 2 capsule bid x Lipids/bones/Heart/Liver no alcohol/sodas/energy drinks/smoking/fatty foods c meds. OTC OK! #100 (One Hundred) capsule(s) Refills: pm

Niacin (Nicotinic Acid) 250mg Capsules, Timed Release 1 po bid c food no alcohol/sodas/smoking/fatty foods/fast foods/energy drinks c meds. x cholesterol/Triglycerides; OTC OK #100 (One Hundred) capsule(s) Refills: 2

Coenzyme Q10 100mg Softgel capsule Take 1 capsule(s) by mouth daily #100 (One Hundred) capsule(s) Refills: 2

Lab Orders:

Vitamin D: 25 hydroxy, includes fraction(s), if performed (Send-Out: Billable)

REFUSED: CBC (Send-Out)

REFUSED: HBA1C (Send-Out)

REFUSED: H PYLORI (Send-Out)

REFUSED: OCCULT BLOOD, FECES (Send-Out)

REFUSED: UA - NON AUTO- W/OUT MICRO 81002 (Send-Out)

REFUSED: THYROID PANEL (Send-Out)

Procedures Ordered:

L-3

Jane Doe 5

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Office/Outpatient Visit

Visit Date: Wed, Aug 23, 2017 03:37 pm

Provider: Micheal Mendez, P.A. (Supervisor: Bruce Wardlay, DO)

Location: SOUTHSIDE MEDICAL DBA

Electronically signed by Micheal Mendez, P.A. on 08/28/2017 08:11:55 AM

Printed on 08/29/2017 at 3:34 pm.

Rocephin 500 mg (250 X 2) (In-House) (x2)

Injection Administration (Intramuscular) (In-House)

Other Orders:

REFUSED: CHEM PROFILE (Send-Out)

REFUSED: CA 125 CANCER ANTIGEN (Send-Out)

**PLAN:**

Annual physical

**LABORATORY:**

REFUSALS: Patient refused the recommended CBC LAB because she wants to defer this until a later date. . .

REFUSALS: Patient refused the recommended H. Pylori because she wants to defer this until a later date. . .

REFUSALS: Patient refused the recommended OCCULT BLOOD, FECES because she wants to defer this until a later date. . .

REFUSALS: Patient refused the recommended URINALYSIS - NON AUT W/O MICRO because she wants to defer this until a later date.

Vitamin D, 25 Hydroxy OUTSIDE LABS - NORMALLY WARDLAY LAB

REFUSALS: Patient refused the recommended CHEM PROFILE because she wants to defer this until a later date. . .

REFUSALS: Patient refused the recommended CA 125 LAB because she wants to defer this until a later date. . .

REFUSALS: Patient refused the recommended THYROID PANEL because she wants to defer this until a later date. . .

REFUSALS: Patient refused the recommended HgbA1C because she wants to defer this until a later date. . .

RECOMMENDATIONS Don't Stop take Meds as directed Monitor Blood Pressure.

**FOLLOW UP:**In 1 day for repeat injection *for?*

\* Follow-up in 3-5 days if not improved

\* In 3-5 days for laboratory review.

\* If patient gets worse go to ER

^

Prescriptions:

Doxycycline Monohydrate 100mg Capsules Take 1 capsule(s) by mouth bid #14 (Fourteen) capsule(s) Refills: 0

Medizine HCl 25mg Tablet take 1 tablet every 8 hrs as needed for dizziness #25 (Twenty Five) tablet(s) Refills: 0

Omega 3 fatty acids 1,000mg Capsules 2 capsule bid x Lipids/bones/Heart/Liver no alcohol/sodas/energy drinks/smoking/fatty foods c meds. OTC OK! #100 (One Hundred) capsule(s) Refills: prn

Niacin (Nicotinic Acid) 250mg Capsules, Timed Release 1 po bid c food no alcohol/sodas/smoking/fatty foods/fast foods/energy drinks c meds. x cholesterol/Triglycerides: OTC OK #100 (One Hundred) capsule(s) Refills: 2

Coenzyme Q10 100mg Softgel capsule Take 1 capsule(s) by mouth daily #100 (One Hundred) capsule(s) Refills: 2

Orders:

Vitamin D: 25 hydroxy, includes fraction(s), if performed (Send-Out; Billable)

Rocephin 500 mg (250 X 2) (In-House) (x2)

Injection Administration (Intramuscular) (In-House)

REFUSED: CBC (Send-Out)

REFUSED: HBA1C (Send-Out)

REFUSED: H PYLORI (Send-Out)

L-4

Jane Doe 5

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/1956

Office/Outpatient Visit

Visit Date: Wed, Aug 23, 2017 03:37 pm

Provider: Micheal Mendez, P.A. (Supervisor: Bruce Wardlaw, DO)

Location: SOUTHSIDE MEDICAL DBA

Electronically signed by Micheal Mendez, P.A. on 08/28/2017 08:11:55 AM

Printed on 08/29/2017 at 3:34 pm.

REFUSED: OCCULT BLOOD, FECES (Send-Out)

REFUSED: UA - NON AUTO- W/OUT MICRO 81002 (Send-Out)

REFUSED: CHEM PROFILE (Send-Out)

REFUSED: CA 125 CANCER ANTIGEN (Send-Out)

REFUSED: THYROID PANEL (Send-Out)

## Diagnosis and Procedure Summary

### Primary Diagnosis:

V70.0 Annual physical

Z00.00 Encounter for general adult medical examination without abnormal findings

### Orders:

82306 Vitamin D; 25 hydroxy, includes fraction(s), if performed (Send-Out; Billable)

~~00696 Roxapin 500mg (250X2) (In-House) (x2)~~

96372 Injection Administration (Intramuscular) (In-House)

### ~~586.11 BPPV~~

H81.13 Benign paroxysmal vertigo, bilateral

### Orders:

### ~~272.2 Mixed hyperlipidemia~~

E78.2 Mixed hyperlipidemia

### ~~715.89 Osteoarthritis~~ involving several sites, multiple sites

M15.3 Secondary multiple arthritis

M15.8 Other polyosteoarthritis

### ~~401.1 Essential hypertension~~

I10 Essential (primary) hypertension

### ~~255.9 Vitamin D deficiency, unspecified~~

E55.9 Vitamin D deficiency, unspecified

Jane Doe 5

1 of 4

1956

Office/Outpatient Visit

Visit Date: Thu, Aug 24, 2017 12:25 pm

Provider: Charity Ejiakonye, N.P. (Supervisor: Bruce Wardlaw, DO)

Location: SOUTHSIDE MEDICAL DBA

This note has not been signed and may be incomplete. Printed on 08/29/2017 at 3:34 pm.

**SUBJECTIVE:**

CC:

General Visit / Patient History:

Last Menstrual Cycle: Date: 2011. . Patient Denies Having Hysterectomy. . Patient claims to be menopausal for 7 yeras year (s). Her current contraceptive method is none. . . .

TRAVEL HISTORY - Related Infectious Disease Control: Patient has been outside the U.S. in the last 30 days. Patient was in mexico and arrived in U.S. days ago. Patient has been in close contact with someone who was outside the U.S. in the last 30 days. mexico.

61 year old female.

HPI:

HPI - BPPV: . SYMPTOM CHANGES: Better . MEDS COMPLIANCE: Good- taking as prescribed . SEVERITY: Mild . PRIOR WORKUP: See last office visit.

RQS:

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for: \* Fever.

EYES: Negative for: \*\* Itchy Eyes ( ).

E/N/T: Negative for \*\* Ear Pain, \* Nasal Congestion, \* Sore Throat.

CARDIOVASCULAR: Negative for \*\* Chest Pain, \* Dizziness.

RESPIRATORY: Negative for \*\* Recent Cough, \* Chronic Cough, \* Frequent Wheezing.

GASTROINTESTINAL: Negative for \*\* Abdominal Pain, nausea, vomiting.

GENITOURINARY: Negative for \* dysuria, \* frequent urination, vaginal discharge.

MUSCULOSKELETAL: See HPI

INTEGUMENTARY/BREAST: See HPI

NEUROLOGICAL: See HPI

HEMATOLOGIC/LYMPHATIC: See HPI

ENDOCRINE: See HPI

ALLERGIC/IMMUNOLOGIC: See HPI

PSYCHIATRIC: See HPI

Current Problems:

Last Reviewed on 6/30/2012 12:43 PM by Garza, Gabriela

Vitamin D deficiency, unspecified

Hematuria, unspecified

Dizziness

Osteoarthritis involving several sites, multiple sites

—Hypertension

Mixed hyperlipidemia

—Essential hypertension

BPPV

Immunizations:

None

/1956

Jane Doe 5

2 of 4

Office/Outpatient Visit

Visit Date: Thu, Aug 24, 2017 12:25 pm

Provider: Charity Ejiakonye, N.P. (Supervisor: Bruce Wardlay, DO)

Location: SOUTHSIDE MEDICAL DBA

This note has not been signed and may be incomplete. Printed on 08/29/2017 at 3:34 pm.

Allergies:

Last Reviewed on 8/24/2017 12:25 PM by Gonzalez, Nancy

No Known Drug Allergies.

Current Medications:

Last Reviewed on 8/24/2017 12:25 PM by Gonzalez, Nancy

Doxycycline Monohydrate 100mg Capsules Take 1 capsule(s) by mouth bid

Meclizine HCl 25mg Tablet take 1 tablet every 8 hrs as needed for dizziness

Coenzyme Q10 100mg Softgel capsule Take 1 capsule(s) by mouth daily

Niacin (Nicotinic Acid) 250mg Capsules, Timed Release 1 po bid c food no alcohol/sodas/smoking/fatty foods/fast foods/energy drinks c meds. x cholesterol/Triglycerides; OTC OK

Omega 3 fatty acids 1,000mg Capsules 2 capsule bid x Lipids/bones/Heart/Liver no alcohol/sodas/energy drinks/smoking/fatty foods c meds. OTC OK!

Losartan 50mg Tablet 1 TABLET BY MOUTH DAILY

**OBJECTIVE:**

Vitals:

Current: 8/24/2017 12:32:41 PM

Ht: 5 ft, 2 in; Wt: 177 lbs; BMI: 32.4

T: 98.6 F (tympanic); BP: 134/78 mm Hg (left arm, sitting); P: 62 bpm (finger clip, sitting)

O2 Sat: 97 %

Exams:

GENERAL: NEGATIVE FOR - Abnormal Vitals, Poor Development, Poor Nourishment and Acute Distress

HEAD: NEGATIVE FOR - Abnormal Shape, Abnormal Size, Lesions, Lumps, Sores and Patchy Hair Loss

FACE: NEGATIVE FOR - Abnormal Contour and Symmetry, Lumps and Swelling

EYES: NEGATIVE FOR - Eyelids Erythema, Lid(s) Swollen, Eyes Watery, Exudative, Erythema of Eye and Conjunctiva Injection

NOSE: NEGATIVE: - Congestion, External Rash, Drainage, External Sores

PHARYNX/ TONSILS: NEGATIVE FOR - Pharyngeal Edema, Tonsils Enlarged, Tonsils Exudative,

MOUTH / LIPS: NEGATIVE FOR - Cold Sore/ Herpes Labialis, Dental Abscess, gingival erythema, gingival edema; lip edema;

RESPIRATORY: NEGATIVE /NORMAL - Normal Appearance and Symmetric expansion of chest wall, Normal Respiration, Rate and Pattern with no distress, Normal Auscultation with no wheezing / breath sounds.

CARDIOVASCULAR: POSITIVE FOR -

NEGATIVE FOR -Tachycardia, Bradycardia, Presumed Premature Contractions, Skipped/Dropped Beats, Irregular Beat Heart Murmur

1956

Jane Doe 5

3 of 4

Office/Outpatient Visit

Visit Date: Thu, Aug 24, 2017 12:25 pm

Provider: Charity Ejiakonye, N.P. (Supervisor: Bruce Wardlay, DO)

Location: SOUTHSIDE MEDICAL DBA

This note has not been signed and may be incomplete. Printed on 08/29/2017 at 3:34 pm.

MUSCULOSKELETAL: Gait- Walks without assist devices- Cane, Walker, Wheelchair Musculoskeletal- Gross exam shows no obvious kyphosis or scoliosis. No obvious joint or limb deformities.

NEUROLOGIC: NEGATIVE FOR - Difficulty following commands., Difficulty answering questions appropriately. uncoordinated voluntary movements

Procedures:

BPPV

Rocephin 500 mg IM, in the Left Gluteus combined with Lidocaine hCl 1% done by IL

## ASSESSMENT

386.11 H81.13 BPPV

## ORDERS:

Procedures Ordered:

Rocephin 500 mg (250 X 2 ) (In-House) (x2)  
Injection Administration (Intramuscular) (In-House)

*why Rocephin?*

## PLAN:

BPPV

## RECOMMENDATIONS

Drink lots of water. (Spanish Printed) Don't Stop take Meds as directed.

## FOLLOW UP:

Follow-up in 3-5 days if not improved

\* If patient gets worse go to ER

\*

Orders:

Rocephin 500 mg (250 X 2 ) (In-House) (x2)  
Injection Administration (Intramuscular) (In-House)

## Diagnosis and Procedure Summary

Primary Diagnosis:

386.11 BPPV

H81.13

Benign paroxysmal vertigo, bilateral

L-8

/1956

Jane Doe 5

4 of 4

Office/Outpatient Visit

Visit Date: Thu, Aug 24, 2017 12:25 pm

Provider: Charity Ejakonye, N.P. (Supervisor: Bruce Wardlay, DO)

Location: SOUTHSIDE MEDICAL DBA

This note has not been signed and may be incomplete. Printed on 08/29/2017 at 3:34 pm.

Orders:

J0696\*\* Rocephin 500 mg (250 X 2 ) (In-House) (x2)

96372 Injection Administration (Intramuscular) (In-House)

# **EXHIBIT M**

John Doe 6

/1972

1 of 7

Office/Outpatient Visit

Visit Date: Tue, May 31, 2016 08:48 am

Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)

Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 06/23/2016 07:10:44 PM

Printed on 08/05/2017 at 5:02 pm.

**SUBJECTIVE:**

CC: pt here here fro health exam and poison ivy

General Visit / Patient History: ...

TRAVEL HISTORY - Related Infectious Disease Control: Patient HAS NOT been outside the U.S. in the last 30 days. Patient HAS NOT been in close contact with anyone who was outside the U.S. in last 30 days to the best of their knowledge..

43 year old male. Established Patient Visit.

Chief Complaints Today: \* Poison Ivy

HPI:

HPI - Poison ivy: OBSERVED BY: Patient. TIME OF ONSET: 4 days ago. FREQUENCY OF SYMPTOMS: This is first episode. EPISODE DURATION: the majority of the day. SEVERITY: moderate. REMEDIES TRIED: Antihistamines ( benadryl ). ASSOCIATED SYMPTOMS: Itching. [REDACTED]

RQS:

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for fever.

EYES: Negative for eye drainage and \* Itchy Eyes ( ).

E/N/T: Negative for ear pain, nasal congestion and sore throat.

CARDIOVASCULAR: Negative for chest pain and dizziness.

RESPIRATORY: Negative for recent cough, chronic cough and frequent wheezing.

GASTROINTESTINAL: Negative for abdominal pain.

GENITOURINARY: Negative for dysuria and history of recurrent UTIs.

MUSCULOSKELETAL: See HPI

INTEGUMENTARY: See HPI

NEUROLOGICAL: See HPI

HEMATOLOGIC/LYMPHATIC: See HPI

ENDOCRINE: See HPI

ALLERGIC/IMMUNOLOGIC: Positive for poison ivy

PSYCHIATRIC: See HPI

PMH/FMH/SH:

Last Reviewed on 5/31/2016 08:48 AM by Romero, Martha

Past Medical History:

PMH Specifically negative for Asthma, Cancer, Diabetes, Heart disease, Hypertension, and Migraines

Surgical History:

NONE

Family History:

Unremarkable

Social History:

M-1

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J/1972

John Doe 6

2 of 7

Office/Outpatient Visit

Visit Date: Tue, May 31, 2016 08:48 am

Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)

Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 06/23/2016 07:10:44 PM

Printed on 08/05/2017 at 5:02 pm.

Occupation: (Self-Employed)

Marital Status: Single

Children: None

Tobacco/Alcohol/Supplements:

Last Reviewed on 5/31/2016 08:48 AM by Romero, Martha

Substance Abuse History:

Last Reviewed on 5/31/2016 08:48 AM by Romero, Martha

Mental Health History:

Last Reviewed on 5/31/2016 08:48 AM by Romero, Martha

Communicable Diseases (eg STDs):

Last Reviewed on 5/31/2016 08:48 AM by Romero, Martha

Current Problems:

Last Reviewed on 5/31/2016 08:48 AM by Romero, Martha

Eczema

Immunizations:

None

Allergies:

Last Reviewed on 5/31/2016 08:48 AM by Romero, Martha

Penicillins:

Current Medications:

Last Reviewed on 5/31/2016 08:48 AM by Romero, Martha

No Known Medications

**OBJECTIVE:**

Vitals:

Current: 5/31/2016 8:52:04 AM

Ht: 5 ft. 9 in; Wt: 168 lbs; BMI: 24.8

T: 97.8 F (tympanic); BP: 124/78 mm Hg (left arm, sitting); P: 81 bpm (finger clip, sitting)

O2 Sat: 98 %

Exams:

HEAD: NEGATIVE FOR - Abnormal Shape, Abnormal Size, Lesions, Lumps, Sores and Patchy Hair Loss

FACE: NEGATIVE FOR - Abnormal Contour and Symmetry, Lumps and Swelling

EYES: NEGATIVE FOR - Eyelids Erythema, Lid(s) Swollen, Eyes Watery, Exudative, Erythema of Eye and Conjunctiva

M-2

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/1972

John Doe 6

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Office/Outpatient Visit

Visit Date: Tue, May 31, 2016 08:48 am

Provider: Inita Griffin, N.P. (Supervisor: Thomas Baker, MD)

Location: REDBIRD URGENT CARE CLINIC DBA

Electronically signed by Inita Griffin, N.P. on 06/23/2016 07:10:44 PM

Printed on 08/05/2017 at 5:02 pm.

Injection

NOSE: NEGATIVE: - Congestion, External Rash, Drainage, External Sores

PHARYNX / TONSILS: NEGATIVE FOR - Pharyngeal Edema, Tonsils Enlarged, Tonsils Exudative.

MOUTH / LIPS: NEGATIVE FOR - Cold Sore/ Herpes Labialis, Dental Abscess, gingival erythema, gingival edema, lip edema.

RESPIRATORY: NEGATIVE / NORMAL - Normal Appearance and Symmetric expansion of chest wall, Normal Respiration, Rate and Pattern with no distress, Normal Auscultation with no wheezing / breath sounds.

CARDIOVASCULAR: POSITIVE FOR -

NEGATIVE FOR -Tachycardia, Bradycardia, Presumed Premature Contractions, Skipped/Dropped Beats, Irregular Beat Heart Murmur

GASTROINTESTINAL: POSITIVE FOR -

NEGATIVE FOR -Tenderness in RUQ, Tenderness in RLQ, Tenderness in LUQ, Tenderness in LLQ Epigastric Tenderness

MUSCULOSKELETAL: Gait- Walks without assist devices- Cane, Walker, Wheelchair Musculoskeletal- Gross exam shows no obvious kyphosis or scoliosis. No obvious joint or limb deformities.

NEUROLOGIC: NEGATIVE FOR - Difficulty following commands, Difficulty answering questions appropriately, uncoordinated voluntary movements

PSYCHIATRIC: NEGATIVE FOR - abnormal mood and affect

7. Skin exam. Rash

D DX

#### Lab/Test Results:

#### LABORATORY RESULTS:

CBC: Results Scanned [REDACTED] A3801314 Chem-28 Lab drawn- Send out- Results pending Req # CENTRAL LAB

Glucose (glucometer): 80, random [REDACTED]

HgbA1c: 5.5 Done by NV %; H. Pylori- Negative Done by NV Thyroid Profile Lab drawn- Send out- Results pending Req # CENTRAL LAB

Urinalysis: Results Scanned by NV: [REDACTED] Lab drawn- Send out- Results pending Req # CENTRAL LAB

#### Procedures:

Health checkup

Rocephin 500 mg IM, in the Right Gluteus combined with Lidocaine hCl 1%  
and Therapeutic Combination of Dexamethasone 4 mg and Prednisolone 40 mg IM, in the Left Gluteus Done by NV

#### ASSESSMENT:

M-3

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John Doe 6

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V70.0 Health checkup

692.6 Poison ivy

**ORDERS:**Meds Prescribed:

Refill of: Medrol (Methylprednisolone) 4mg Dosepak Take as directed #1 (One) dose pack Refills: 0

Refill of: Bactrim DS (Trimethoprim/Sulfamethoxazole) Tablet Take 1 tablet(s) by mouth q12h for 10 days #20 (Twenty) tablet(s) Refills: 0

Hydroxyzine HCl 25mg Tablet 1/4 to 1/2 to 1 po q 4-6-8 hrs &amp; or QHS for anxiety/allergy/nausea/dizzy/sleep prn no alcohol/driving/energy drinks/sodas/smoking c Meds. #90 (Ninety) tablet(s) Refills: 1

Refill of: Elocon (Mometasone Furoate) 0.1% Cream apply to affected area BID, sparingly #1 (One) 45 gm tube Refills: 2

Lab Orders:

- 85025 Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)
- CHMPFL\* CHEM PROFILE (In-House)
- 80053\*\* Comprehensive Metabolic Panel (In-House)
- 80061\*\* Lipid Panel (total cholesterol, HDL, triglycerides) (In-House)
- 82977\*\* Glutamate transaminase, gamma (GGT) (In-House)
- 83719\*\* Very low density lipoprotein cholesterol assay (In-House)
- 83721\*\* Low density lipoprotein assay (In-House)
- 84100\*\* Phosphorus, inorganic (In-House)
- 84550\*\* Uric acid (In-House)
- 83615\*\* Lactate dehydrogenase (In-House)
- 82947 Glucose, quantitative, blood (In-House)
- 83036 Hemoglobin, glycosylated (A1C) (In-House)
- 86677 Helicobacter pylori antibody (In-House)
- 84153S Prostate specific antigen, total (In-House)
- 82274 Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous (Send-Out; Billable)
- 84403S Testosterone, total (In-House)
- TPANEL\* Thyroid Panel (TSH, T3 TL, T3 UP, T4/FREE, T7 CALC) (In-House)
- 84480\*\* Triiodothyronine T3, total (In-House)
- 84479\*\* Thyroid Hormone Uptake (T3) (In-House)
- 84436\*\* T4 Thyroxine, total (In-House)
- 84443\*\* Thyroid stimulating hormone (TSH) (In-House)
- 81002 Urinalysis, nonautomated without microscopy (In-House)
- 82306S VITAMIN D, 25 HYDROXY IN HOUSE (In-House)

Procedures Ordered:

- J0696\*\* Rocephin 500 mg (250 X 2) (In-House) (x2)
- 96372 Injection Administration (Intramuscular) (In-House)
- J1100 Dexamethasone 4mg (4 units of 1mg) (In-House) (x4)
- J2920 Prednisolone 40 mg (In-House)
- 96372 Injection Administration (Intramuscular) (In-House)

Other Orders:

M-4

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For 7 Poison Ivy?

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John Doe 6

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BOCCULT OCCULT BLOOD FECES KIT FOR PATIENT TO TAKE HOME (In-House)

## PLAN:

Health checkup

LABORATORY:..

CBC.

CHEM PROFILE INCLUDING LABS LISTED BELOW:

COMPREHENSIVE METABOLIC PANEL

LIPID PANEL

GGT

VLDL

LDL

PHOSPHORUS

URIC ACID

LDH...

Glucose, quantitative, blood.

H. Pylori.

PSA.

Occult Blood, Feces - Occult Blood, Feces Test given to Patient to collect sample and return to clinic for results..

TESTOSTERONE TTL.

THYROID PANEL INCLUDING LABS LISTED BELOW:

T3 TOTAL

T3 UPTAKE

T4 THYROXINE TTL

T7 CALC.

TSH

Urinalysis (non automated, w/o microscopy).

Vitamin D, 25 Hydroxy.

HgbA1C

RECOMMENDATIONS Don't Stop take Meds as directed [REDACTED]

FOLLOW UP:

In 1 day for repeat injection

\*

## Prescriptions:

Refill of: Medrol (Methylprednisolone) 4mg Dosepak Take as directed #1 (One) dose pack Refills: 0

Refill of: Bactrim DS (Trimethoprim/Sulfamethoxazole ) Tablet Take 1 tablet(s) by mouth q12h for 10 days #20 (Twenty) tablet (s) Refills: 0

Hydroxyzine HCl 25mg Tablet 1/4 to 1/2 to 1 po q 4-6-8 hrs & or QHS for anxiety/allergy/h/n/dizzy/sleep prn no alcohol/driving/energy drinks/sodas/smoking c Meds. #90 (Ninety) tablet(s) Refills: 1

Refill of: Elocon (Mometasone Furoate) 0.1% Cream apply to affected area BID, sparingly #1 (One) 45 gm tube Refills: 2

## Orders:

M-5

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Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)  
CHEM PROFILE (In-House)

Comprehensive Metabolic Panel (In-House)

Lipid Panel (total cholesterol, HDL, triglycerides) (In-House)

Glutamyltransferase, gamma (GGT) (In-House)

Very low density lipoprotein cholesterol assay (In-House)

Low density lipoprotein assay (In-House)

Phosphorus, inorganic (In-House)

Uric acid (In-House)

Lactate dehydrogenase (In-House)

Glucose, quantitative, blood (In-House)

Hemoglobin, glycosylated (A1C) (In-House)

Helicobacter pylori antibody (In-House)

Prostate specific antigen, total (In-House)

Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous (Send-Out; Billable)

OCCULT BLOOD FECES KIT FOR PATIENT TO TAKE HOME (In-House)

Testosterone, total (In-House)

Thyroid Panel (TSH, T3 TL, T3 UP, T4/FREE, T7 CALC) (In-House)

Triiodothyronine T3, total (In-House)

Thyroid Hormone Uptake (T3) (In-House)

T4 Thyroxine, total (In-House)

Thyroid stimulating hormone (TSH) (In-House)

Urinalysis, nonautomated without microscopy (In-House)

VITAMIN D, 25 HYDROXY IN HOUSE (In-House)

Rocephin 500 mg (250 X 2) (In-House) (x2)

Injection Administration (Intramuscular) (In-House)

Dexamethasone 4mg (4 units of 1mg) (In-House) (x4)

Prednisolone 40 mg (In-House)

Injection Administration (Intramuscular) (In-House)

## Diagnosis and Procedure Summary:

### Primary Diagnosis:

V70.0 Health checkup

Z00.00 Encounter for general adult medical examination without abnormal findings

*2 Person IV / (much dermal)*

### Orders:

85025 Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC co (In-House)

CHMPFL\* CHEM PROFILE (In-House)

80053\*\* Comprehensive Metabolic Panel (In-House)

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83719\*\* Very low density lipoprotein cholesterol assay (In-House)

83721\*\* Low density lipoprotein assay (In-House)

84100\*\* Phosphorus, inorganic (In-House)

M-6

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John Doe 6

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BOCCULT OCCULT BLOOD FECES KIT FOR PATIENT TO TAKE HOME (In-House)

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81002 Urinalysis, nonautomated without microscopy (In-House)

82306S VITAMIN D, 25 HYDROXY IN HOUSE (In-House)

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96372 Injection Administration (Intramuscular) (In-House)

J1100 Dexamethasone 4mg (4 units of 1mg) (In-House) (x4)

J2920 Prednisolone 40 mg (In-House)

96372 Injection Administration (Intramuscular) (In-House)

~~602.8 Poison by~~~~L25.6~~~~Unspecified contact dermatitis due to plants, except food~~Orders:

M-7

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LaZuanda:

John Doe 6

Regarding patient [REDACTED] he called 9/19/16, about 3:30 in the afternoon. He told me is that he went in Redbird because he had poison ivy. He said he was asked by the provider to have some lab work, but said that no one said anything about an "annual exam". He said she did not listen to his chest, check his abdomen or anything else. He said she barely looked at his rash, and agreed that it was poison ivy. She ordered Rocephin and steroids.

He uses Redbird for urgent stuff, he has a PCP that he uses for routine health care. He said he went to his PCP for his annual, and when they billed for the annual, the claim was denied in full because of what Redbird billed. He is unhappy about being left responsible for paying for an annual that he DID have, because Redbird billed for an "annual" that he did not have. I told him I would look into it, and let him know what, if anything, we could do about this. *Extensive Exam done months ago*

Lori

*but within a yr.*

# **EXHIBIT N**

John Doe 7

ROOM: [REDACTED] STAFF LOGIN: Gomez, Milca

FACILITY: SOUTHSIDE MEDICAL DBA

PATIENT NAME: [REDACTED] AGE: 56 yrs

GENDER: M PATIENT DOB: [REDACTED] 1961

ACCT: 1215496848 PATIENT BAL: 0.00

INS %: CO-PAY:

DED: INS:

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VISIT DATE: 05/14/2017 PROVIDER: JEFFREY RAYMOND

VITALS: Ht: 5 ft. 3 in; Wt: 186.2 lbs; BMI: 33.0  
 T: 97.3 F; BP: 120/86 mm Hg; P: 75 bpm  
 O2 Sat: 97 %

ALLERGIES: No Known Drug Allergies

CURRENT MEDS LIST: Medrol (Methylprednisolone) 4mg Dosepak Take as directed #1 (One) dose pack Refill:  
 last prescribed by: Mendez, Micheal 05/13/17  
Doxycycline Monohydrate 100mg Capsules Take 1 capsule(s) by mouth bid #20 (Twenty) capsule(s) Refills: 0 (  
 prescribed by: Mendez, Micheal 05/13/17  
Gabapentin 100mg Capsules 4 tyme a day last prescribed by: , 05/13/17

PAST MED HX: PMH Specifically negative for Asthma, Cancer, Diabetes, Heart disease, Hypertension, and Migr

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CHIEF COMPLAINT:  
 General Visit / Patient History: ...

TRAVEL HISTORY - Related Infectious Disease Control: Patient HAS NOT been outside the U.S. in the last 30 day  
 HAS NOT been in close contact with anyone who was outside the U.S. in last 30 days to the best of their knowl

56 year old male. Established Patient Visit. [REDACTED]

HPI: [REDACTED] MEDS COMPLIANCE: Good-taking as prescribed. PRIOR WORKUP: See last office

PROVIDER EXAM NOTES:

CURRENT PROBLEMS LIST:  
 - 782.0 Parasthesia

# EXHIBIT O

●●○○○ Sprint

2:20 PM



dr Wardlay

Dr Wardlay  
If I may ask  
did you shut  
the clinic  
down again  
because of  
me?

Sat, Jun 10, 7:38 AM

Yes

I've never  
heard of such



Message



JS 44 (Rev. 06/17)-TXND (Rev. 06/17)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

**I. (a) PLAINTIFFS**

United States and Texas ex rel Jeffrey Raymond,  
and Jeffrey Raymond, individually

(b) County of Residence of First Listed Plaintiff  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Dean, Omar & Branham, LLP  
302 N. Market S., Ste 300, Dallas, TX 75202; (214) 722-5990

**DEFENDANTS**

Bruce E. Wardlay, D.O., et al

County of Residence of First Listed Defendant  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF  
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

**8-18CV1964-M**

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff  
☐ 2 U.S. Government Defendant  
☐ 3 Federal Question (U.S. Government Not a Party)  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                        | DEF                        |   | PTF                        | DEF                        |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

| CONTRACT  | TORTS  | FORFEITURE/PENALTY   | BANKRUPTCY  | OTHER STATUTES  |  |
|---|--|--|---|---|--|
| <input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input type="checkbox"/> 151 Medicare Act<br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 160 Stockholders' Suits<br><input type="checkbox"/> 190 Other Contract<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise | <b>PERSONAL INJURY</b><br><input type="checkbox"/> 310 Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault, Libel & Slander<br><input type="checkbox"/> 330 Federal Employers' Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury<br><input type="checkbox"/> 362 Personal Injury - Medical Malpractice | <b>PERSONAL INJURY</b><br><input type="checkbox"/> 365 Personal Injury - Product Liability<br><input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability<br><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability<br><b>PERSONAL PROPERTY</b><br><input type="checkbox"/> 370 Other Fraud<br><input type="checkbox"/> 371 Truth in Lending<br><input type="checkbox"/> 380 Other Personal Property Damage<br><input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 690 Other<br><b>LABOR</b><br><input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Management Relations<br><input type="checkbox"/> 740 Railway Labor Act<br><input type="checkbox"/> 751 Family and Medical Leave Act<br><input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Employee Retirement Income Security Act<br><b>IMMIGRATION</b><br><input type="checkbox"/> 462 Naturalization Application<br><input type="checkbox"/> 465 Other Immigration Actions | <input type="checkbox"/> 422 Appeal 28 USC 158<br><input type="checkbox"/> 423 Withdrawal 28 USC 157<br><b>PROPERTY RIGHTS</b><br><input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 835 Patent - Abbreviated New Drug Application<br><input type="checkbox"/> 840 Trademark<br><b>SOCIAL SECURITY</b><br><input type="checkbox"/> 861 HIA (1395ff)<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DIWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g))<br><b>FEDERAL TAX SUITS</b><br><input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)<br><input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 | <input type="checkbox"/> 375 False Claims Act<br><input checked="" type="checkbox"/> 376 Qui Tam (31 USC 3729(a))<br><input type="checkbox"/> 400 State Reapportionment<br><input type="checkbox"/> 410 Antitrust<br><input type="checkbox"/> 430 Banks and Banking<br><input type="checkbox"/> 450 Commerce<br><input type="checkbox"/> 460 Deportation<br><input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations<br><input type="checkbox"/> 480 Consumer Credit<br><input type="checkbox"/> 490 Cable/Sat TV<br><input type="checkbox"/> 850 Securities/Commodities/Exchange<br><input type="checkbox"/> 890 Other Statutory Actions<br><input type="checkbox"/> 891 Agricultural Acts<br><input type="checkbox"/> 893 Environmental Matters<br><input type="checkbox"/> 895 Freedom of Information Act<br><input type="checkbox"/> 896 Arbitration<br><input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision<br><input type="checkbox"/> 950 Constitutionality of State Statutes |
| <b>REAL PROPERTY</b><br><input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property  | <b>CIVIL RIGHTS</b><br><input type="checkbox"/> 440 Other Civil Rights<br><input type="checkbox"/> 441 Voting<br><input type="checkbox"/> 442 Employment<br><input type="checkbox"/> 443 Housing/Accommodations<br><input type="checkbox"/> 445 Amer. w/Disabilities - Employment<br><input type="checkbox"/> 446 Amer. w/Disabilities - Other<br><input type="checkbox"/> 448 Education   | <b>PRISONER PETITIONS</b><br><b>Habeas Corpus:</b><br><input type="checkbox"/> 463 Alien Detainee<br><input type="checkbox"/> 510 Motions to Vacate Sentence<br><input type="checkbox"/> 530 General<br><input type="checkbox"/> 535 Death Penalty<br><b>Other:</b><br><input type="checkbox"/> 540 Mandamus & Other<br><input type="checkbox"/> 550 Civil Rights<br><input type="checkbox"/> 555 Prison Condition<br><input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement                                |   |   |  |

**V. ORIGIN** (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding  
☐ 2 Removed from State Court  
☐ 3 Remanded from Appellate Court  
☐ 4 Reinstated or Reopened  
☐ 5 Transferred from Another District (specify)  
☐ 6 Multidistrict Litigation - Transfer  
☐ 8 Multidistrict Litigation - Direct File

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

31 U.S.C. §§ 3729 et seq.

Brief description of cause:

**VII. REQUESTED IN COMPLAINT:**

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

07/30/2018

SIGNATURE OF ATTORNEY OF RECORD

/s/ Charles W. Branham, III

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_

